Yukon Health Promotion Research Program - Part 2

An Accounting of Health: What the individuals say

A review of what Yukoners say about the concept of health

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This paper is one in a series of four reports on the Yukon Health Promotion Research Program. Report #1: **What the professionals say**, provides a review of the relevant literature of interest in the consideration of a health promotion survey. Report #2: **What the individuals say**, outlines the results of the qualitative research component of the research program. Report #3: **What the groups say**, provides documentation of the focus group methodology and results. Report #4: **What the numbers say**, presents the methodology and results of the 1993 Yukon Health Promotion Survey.

- Report #1: **What the professionals say** — Fall 1992

  A review of the considerations of the health promotion research program

- Report #2: **What the individuals say** — Winter 1992/93

  A review of what Yukoners say about the concept of health

- Report #3: **What the groups say** — Winter 1992/93

  A review of what the stakeholder groups say about the issues and concepts of health

- Report #4: **What the numbers say** — Fall 1993

  A review of the methodology and results of the 1993 Yukon Health Promotion Survey

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Glenn Grant
Director, Yukon Bureau of Statistics

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Yukon Health Promotion Research Program

A. *Introduction*

What are the concepts, correlates, and priorities of health? How do Yukon residents perceive their health? What do Yukon residents do to promote their health? What are the life-style behaviours, attitudes, and beliefs of Yukon residents? What are the interrelationships and correlates between Yukon residents' attitudes, behaviour, and subjective measures of health? These are the questions of the health promotion research program.

The Health Promotion Research Program contributes to the translation of public policy into action. Without a theoretical or programmatic knowledge base, the links between political direction, policy, and programming are tenuous at best. As an integrated and policy-focused program of inquiry, the Yukon Health Promotion Research Program contributes subjective knowledge of community and organizational health and health needs of the Yukon.

Health strategies and policies are built on knowledge--knowledge of the communities' concepts of health, their beliefs, attitudes, behaviours, and priorities. The combined components of the Yukon Health Promotion Research Program are oriented to obtaining this knowledge.

B. *Mission*

The overall mission of the Health Promotion Research Program is to contribute to the improvement of the social, mental, spiritual, and physical well-being of all Yukon residents. This broad objective translates into the following goals:

- To contribute a knowledge base related to the achievement of healthy life-styles by providing a Yukon understanding of the concepts of health and healthy life-styles.

- To foster behaviour to improve health within living and working conditions indirectly through the development of information for health professions.

- To increase public awareness and knowledge by providing usable knowledge and by assuming the responsibility for interpreting and disseminating this knowledge.

- To increase the effectiveness of practitioners by providing a variety of explanatory knowledge including qualitative and quantitative forms.

- To provide theoretical and program information to develop new programs and improve existing programs. Policy and programs are built on knowledge; it is the objective of social science research to reduce the uncertainty of the decision-making environment.

- To provide a focus to and coordination of strategies and policies for the Government of the Yukon. The research itself serves as an important catalyst between interdepartmental interests and attention to health.

- To involve stakeholders and increase public participation. The research serves as a case study in formal public consultation. Both the qualitative and stakeholder components are important experimental consultative tools.

- To increase Yukon residents' capacity to exert control over the factors that affect their health by developing Yukon definitions of health and by providing Yukon residents with Yukon information and knowledge to make their own decisions and to critically screen the messages received from all sources.

- To undertake and provide meaningful organizational and policy research consistent with the mandate of the Yukon Bureau of Statistics. This is a personal commitment by the YBS to take its role seriously in the organization and to accept the responsibility not only to develop professional research but also to ensure the integration of this research into the policy and program functions of the organization.

- To shed light on life-styles and health behaviour, personal characteristics related to life-styles, perceived environmental conditions, and perceived health, and to determine the prevalence, distribution, behaviours and status of the population.

Program Overview

The objective of this research is to develop a broad reporting of behaviours, attitudes, and understandings related to health. It is the intention of the research to build policy-focused research that will support the implementation of the Yukon Health Act. This Act is based on a socio-ecological perspective of health. As a consequence, the research program uses methodologies that are sensitive to Yukon residents, their unique understandings of health, and their priorities. This multi-method research program includes both qualitative and quantitative methodologies. The research also incorporates policy integration and utility-focused evaluation. The substantive content of the research is the development of information necessary for health policy and program implementation. Several phases are undertaken.

The first three phases:

Phase I: Literature Review, Phase II: Qualitative Review, and Phase III: The Stakeholder Review represent pre-survey research (of concepts, meanings, language and priorities) necessary to ensure the greatest utlity and effectiveness of the fourth stage. These first steps are formalized consultation and community validation phases required to ensure a Yukon-grounded knowledge base.

Fourth phase:

Phase IV: Yukon Health Promotion Survey (YHPS). This phase involves the design and administration of a general population survey in the Yukon.

Last phase:

Phase V will be undertaken to provide the analysis and final integration of results into the needs of the organization.

The pre-survey phases represent a thoughtful research strategy to develop an understanding of Yukon residents' views of health. The stakeholder review, in conjunction with the literature and qualitative review, will assist in defining a collective consensus on the concepts of health. This research strategy represents an innovative approach to confirming or verifying the reading of the analytical categories of health promotion (health promotion literature) and the statements of the Yukon residents (qualitative research). Phases I, II, and III are unique research endeavours unto themselves and produce knowledge oriented to the immediate policy and evaluative demands of the newly enacted Yukon Health Act. These initial phases provide an understanding of Yukon's concepts of health, what Yukon residents perceive as meaningful ways of measuring health (health indicators or how one knows when health is present in the community), and what Yukon residents' priorities are when viewing health.

The pre-survey research provides a sound base on which the Yukon Health Promotion Survey is constructed. The purpose of the pre-survey research is to ensure a meaningful health promotion survey: meaningful in terms of the participants expressed needs, the policy needs, and the demands of the North and national program implementation.

Preamble: So What!

Why would anyone set out to listen to the public explain what is important to their own health ...

Health professionals, policy makers and program designers are supposed to know what constitutes health. Why should they then research what the lay public thinks health represents? Why would anyone set out to listen to the public explain what is important to their own health when epidemiologists have the scientific evidence to tell us what does or does not correlate with health? -- because professionals and the lay public do not always account for health in the same way. In the name of effective and integrated research it is important to capture and understand these various viewpoints--out of courtesy, curiosity, and necessity. This is especially true if the intended use of the research is to plan and take effective actions to foster and promote the public's health.

As researchers, we were asked SO WHAT at the beginning of the qualitative research—"Sure, I see the need to talk to the public as part of the research process, but will it make any difference to me as a professional?" The answer is: only if you want it to or only if you see a need for change. Take the following simple story as an illustration of the potential value of listening to the customer's language and experience *(focus on the concepts and language of the customer, not the obvious need for sensitivity and sympathy).*

> Karen enters the brightly lit office. A slight person of 23, well educated, intelligent, and alert, she is here to be counselled on anorexia, an eating disorder that affects other females with characteristics similar to Karen's. This disorder can have serious health consequences, even death. The professional is aware of the psychological side of anorexia as well as the biophysical requirements of the body. After considerable discussion, it is obvious that this genuinely concerned professional is becoming frustrated. Why am I as a professional not able to change the eating behaviour of this person? Why am I not able to convince this individual of the grave consequences of what appears to be a straight forward prescription to better health?
>
> The professional ponders, "this person knows the caloric content of every food item, she knows the protein, carbohydrate, and fat requirements of the body, she even has read more of the popular literature dealing with this disorder than I have—how can she be so intransigent about the obvious need to eat?"
>
> This patient does not value or respond to the appeals to the physical dimension of health or may in fact be using her starvation as a vehicle to achieve or resolve something she considers even more fundamental to her 'inner health'. The physical interpretation is not the only way to "look at" health. Karen may be interpreting nutrition and food from a perspective other than the physical domain, possibly a personal or sociological understanding of food and its consequences. Karen's language refers to nutrition in the context of others, the need for control

of self, ownership of self, relationships with others, and other words not necessarily a part of the physical dimension. Karen's body image, society's expectations of what a 23-year-old female should look like, or something quite unexpected and unrelated to the 'obvious' need to feed and take care of ones body may be what is meaningful to Karen in the relationship between food and health. Possibly the professional would be more effective if s/he learned Karen's language and how she is interpreting what is being said. Possibly there is a need to present the message of health using concepts and language that are meaningful to Karen.

Perhaps a very obvious and simple example! Yes, but where did these observations come from? They came from the individual's experience and reality of health. The understanding comes from all of us who experience health. That physical correlates like food have meanings in other domains is important for communication and comprehension. To communicate, we must recognize that others' interpretations of health may not always be grounded in the domain of the physical body nor in the same reality faced by the challenges of the health professional. It is a question of recognizing and then accommodating other perspectives and ways of dealing with health. Specifically, we all have a lot to learn from acknowledging that others have different understandings and then accepting these other understandings as valid and useful in some contexts.

The final answer to "so what" is a simple reminder to us all ... to recognize that the lay public does not always have our carefully constructed rational and scientific concepts or language.

The primary objective of this research proposes to explore the context of the Yukon in order to construct a general population survey on health. Beyond this practical goal, what Yukoners said has utility for a variety of professionals interested in listening to the consumers of their services. The challenge of the results of this research rests with health professionals, policy makers, and all others concerned with the delivery of health care in the Yukon. This challenge is to enter the construction of health as perceived by Yukoners--the conceptualization and the language of health experiences. The final answer to 'so what' is a simple reminder to us all, researchers, health professionals, and policy makers, to recognize that the lay public does not always share our carefully constructed rational and scientific concepts or language. In fact, lay constructions of health are grounded in common sense and experiential knowledge sometimes forgotten by us all. The objective of the qualitative research is to make these understandings more accessible and visible for researchers, policy makers, and health care professionals-- or to anyone interested in observing how the Health Promotion Research Program was informed by the lay public.

1 Introduction

The qualitative review, which this paper summarizes, was the second component of the Health Promotion Research Program undertaken by the Yukon Bureau of Statistics and the Yukon Department of Health and Social Services. The purpose of the qualitative component was:

1.1 to develop an understanding of the basic CONCEPTS of health held by Yukoners.

This objective provides us with the framework in which the respondents of the Health Promotion Survey perceive and understand health. It is also the context and structure that can be used to complement and explain the results of the quantitative study.

The concepts provide the basis of interpretation or meanings of health to Yukoners. The purpose was to develop the understanding of how health is seen or is related to the everyday lives of Yukoners. Concepts are the boundaries and the structure of meaning that people put to their health. This structure must relate the products of research back to those who are the subjects of research. The questions and results of the Health Promotion Survey must be understood within the expressed concepts of all Yukoners.

1.2 to construct the CORRELATES or, more informally, the language and associations of health.

Specifically, we want to know what Yukoners equate with their health. These are the categories and language used by Yukoners to describe health.

... the research process must invest resources in developing a sensitivity to the words and language the respondents use or understand.

The utility of this research is reflected in the construction of the associations and language that will assist the survey in collecting information consistent with the meanings of our respondents. To access household and individual respondents, the research process must invest resources in developing a sensitivity to the words and language the respondents use or understand.

1.3 to provide the voices of Yukoners expressing their own health STORIES and realities.

Beyond the analytical or research need, there exists the demand to provide decision makers with a sense of what health really means. How do the concepts and correlates of health translate into the lives of real people? How do people experience health? This integration of the concepts and correlates puts the individual's voice back into the research and restores a sense of real people dealing with their health. Concepts refer to the way people interpret or understand what health means while correlates are the many associations and common sense subjective determi-

nants of health. Correlates provide a language that can be used in research to bridge the theoretical to the every day experiences of individual Yukoners.

The data set provides rich information that can be used in many ways. The material is thick in the detail and experiences of Yukoners, but because of the constraints of time and resources the following document will focus on the original objective as defined above.

... qualitative research ... permits an interpretation of how Yukoners experience health.

The goal of qualitative research is to understand everyday events. It is oriented toward the experiences of people. The products of this type of work (phenomenology) are patterns, themes, or understandings grounded in our collective and subjective world. As a tool of research, this methodology provides access to the subjective domain of knowledge. It permits an interpretation of how Yukoners experience health. The purpose and objective of this research is to make these understandings accessible or useful for interpreting why we do what we do. One use of this objective will be to provide an interpretation of health that will inform the construction of subsequent research components. In addition to the research utility, this step will provide an insight into how health is viewed or expressed by the customers of health services.

The methods of qualitative research are generative. Our purpose is to produce ideas and patterns. The presented results of this research stage are grounded theoretically in the context of the Yukon and are inductive rather than deductive or propositional. The following report provides a documentation of the three objectives as outlined above. Firstly, the concepts of health are outlined, secondly, the correlates, and finally integrated stories of six Yukoners are presented.

The three research objectives form the base upon which the last two steps of the research program are built. In addition to the results, the last section of this report provides a summary of the methodological considerations of the work.

NOTE:

This document provides a descriptive analysis of Yukoners. Seventy-seven interviews were held throughout the Yukon. What follows is a summary of these seventy-seven interviews. Every attempt has been made to be faithful to the words of these co-operative individuals. For the sake of presentation, all words contained in quotes (") are expressions, words, or phases used by respondents. For presentational purposes, words have had to be modified, substituted, or summarized to fit into a condensed format. In addition, all quotes are not referenced for reasons of confidentially and brevity. The objective of the work is to convey the essence of what Yukoners told us, not to reproduce extensive transcriptions of individual interviews.

2 Overview: Accounting of Health

2.1 Introduction

The purpose is to provide an informed look at how health is understood by Yukoners.

This work is original. No comparative research is available to contrast Yukoners with other individuals. We do not assume that Yukoners are unique and have their own interpretations or concepts of health that differ from other Canadians, but the following report offers a Yukon understanding of health bounded by the context in which it was grounded. The purpose is to provide an informed look at how health is understood by Yukoners. This objective was fully realized and the results provide both the framework (concepts) and the language (correlates) of Yukon health. These two terms are interrelated and overlapping. A concept is an interpretation or understanding of what constitutes health, while the correlates represent specifically identified factors that Yukoners understood to affect or promote health.

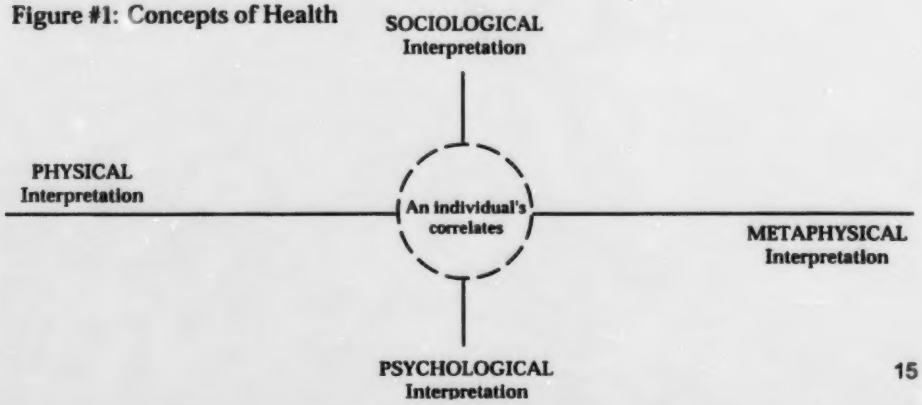
2.1.1 Concepts

The concept is a filter through which the pieces and associations of one's world are assembled into the phenomenon we call health.

The concept of health is one of many personal mental maps defining, relating, and interpreting an individual's reality. The concept is a filter through which the pieces and associations of one's world are assembled into the phenomenon we call health. Whether a concept is merely an intellectual construct or a useful mental tool, a concept provides a reference point for researchers that policy makers must acknowledge. The concept of health provides an insight into how the messages of health are received as well as how the expressions of health are transmitted and understood by the individual.

Yukoners were asked what health meant to them and what were their individual concepts of health. The response and analysis reveals a multidimensional understanding of health, one that is not merely a grouping of correlates or associations, but one that indicates several dimensions of interpretations. Yukoners understand components of their health (correlates) in many interpretative ways. A physical correlate such as food is important to health psychologically, sociologically, physically, and, for a few respondents, metaphysically. Rather than a single interpretation, correlates of health were woven into a complex interpretation that has meaning beyond the simple health messages of the health community. Figure #1 depicts health as having four separate but interrelated dimensions: physical, sociological, metaphysical, and psychological.

Figure #1: Concepts of Health



By a physical, metaphysical, psychological, or sociological interpretation of health is meant that Yukoners view health as if from a specific perspective or dimensional filter. A sociological filter of food may incorporate body image or community expectations regarding weight, size, and body proportions. This interpretation regarding the relationship between food and health is very different from an interpretation that views food as carbohydrates, fats, or amino acids. Participants in the interviews would interpret correlates from any of the four dimensions, and in many cases from multiple dimensions. As an example, the food correlate—fundamentally a physical entity—is seen as a sociological phenomenon, or a psychological obsession, a physical requirement, or as part of a metaphysical (spiritual) health need. These interpretations of correlates shift depending on the context in which the correlate appears. First-nation people talk of influences that shift their context of health over space—in town, on the land, or with other native peoples. Other participants indicate, or it was observed, that there is a temporal change in how health is interpreted. When young the physical predominates, while after life experience (age) or life events (such as the death of a spouse) the way people see health changes significantly.

Figure #2 provides an indication of the relative importance of each dimension to Yukoners. This is only a count of references to the use of the various dimensions and should be viewed only as a pattern exhibited by the interviews undertaken. In addition, figure #3 illustrates graphically that how an individual understands a correlate of health depends on where he or she is in life and what experiences he or she has encountered.

Figure #2: Concepts of Health, relative importance

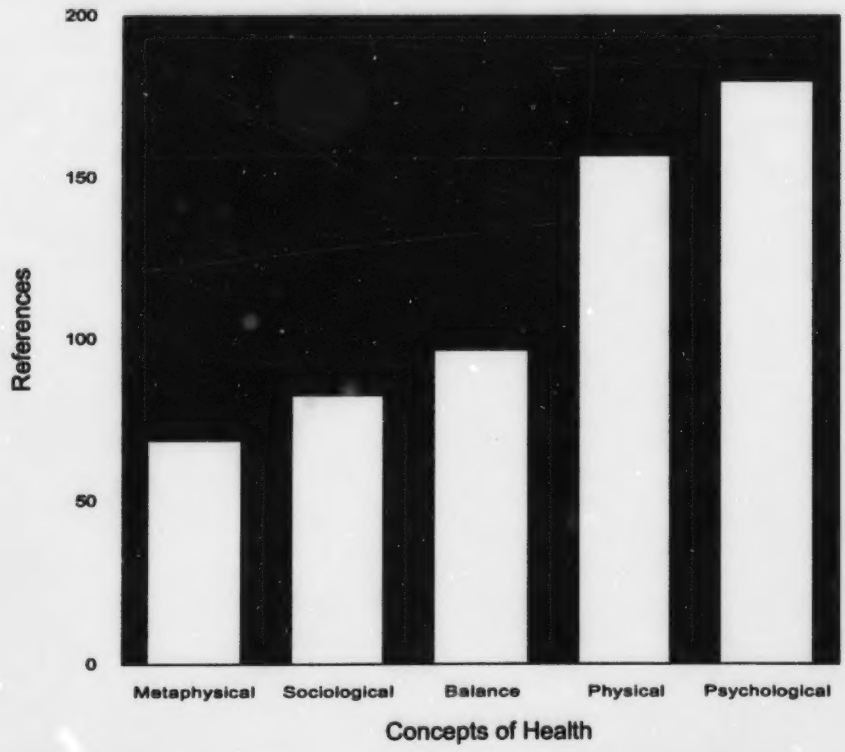
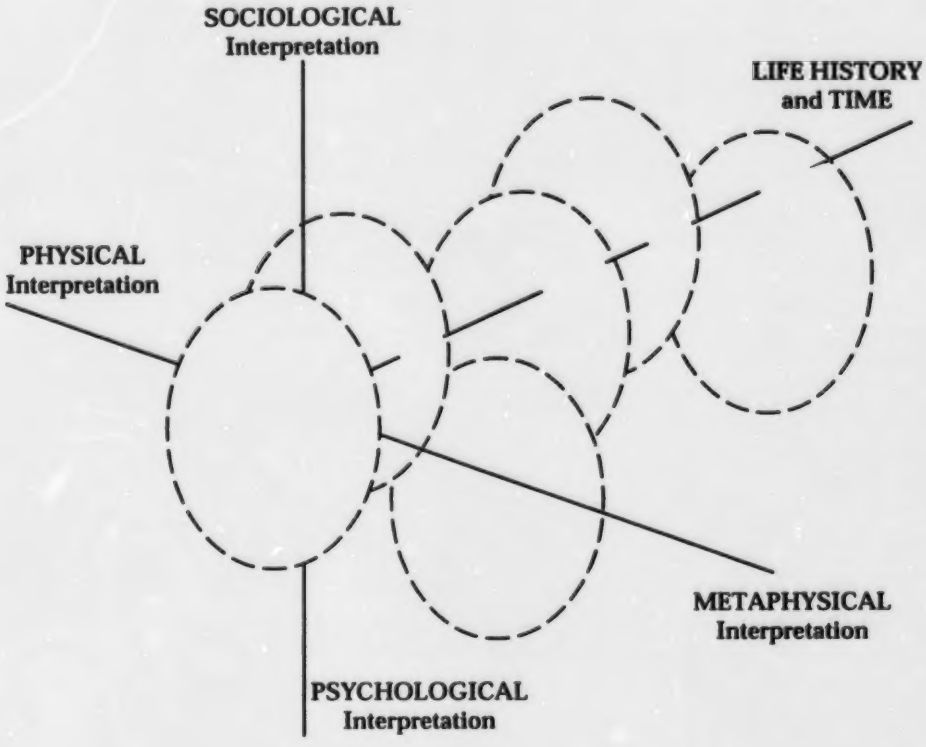


Figure #3: Concepts of Health over Time



2.1.2 Correlates

Correlates are the words used by Yukoners to explain their health, what causes their health, and what factors influence their health. These correlates are associations or relationships (causal) between some factor of life and personal health. Work, food, mental activities, family, and communications are words used to describe those factors that are important in the determination of Yukoners' health. These factors represent the naming of or the description of the health determinants important to Yukoners. Figure #4 illustrates the most common correlates of Yukon health as seen by individuals.

The three circles are convenient ways of grouping the correlates and convey no significance other than a perceived common organization. A group entitled 'individual' correlates portrays the language of the importance of oneself to individual health. Self-reference and emotional, physical, and mental self combine with internal mental activities and an individual sense of equilibrium (balance) to define this first group. A group classified as 'connections' linked the self to others. This group of correlates indicate that the family, work, communications, spirituality, and knowledge link an individual with others as part of health. The last group, 'context' describes the contextual considerations of individual health. Food, security, physical activity, and the external health and physical environment all are perceived as influencing one's health.

Figure #4: Correlates of Health

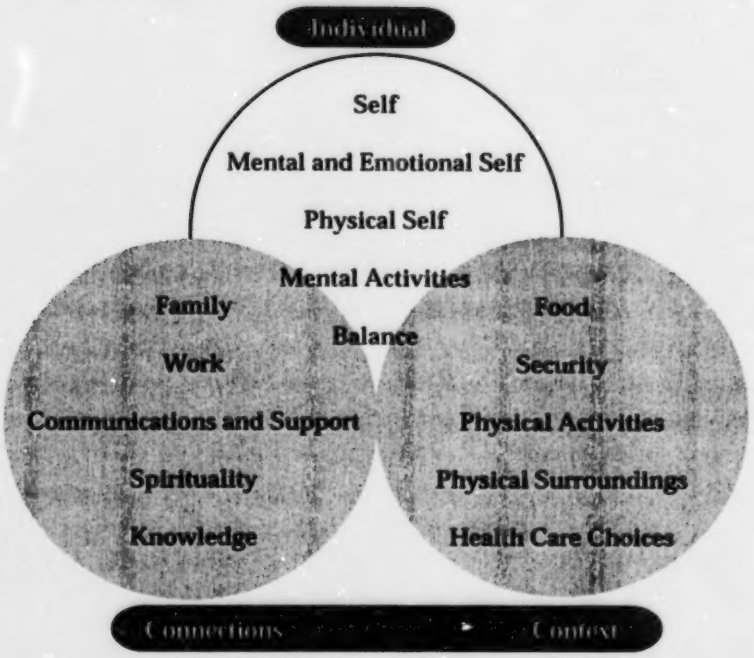
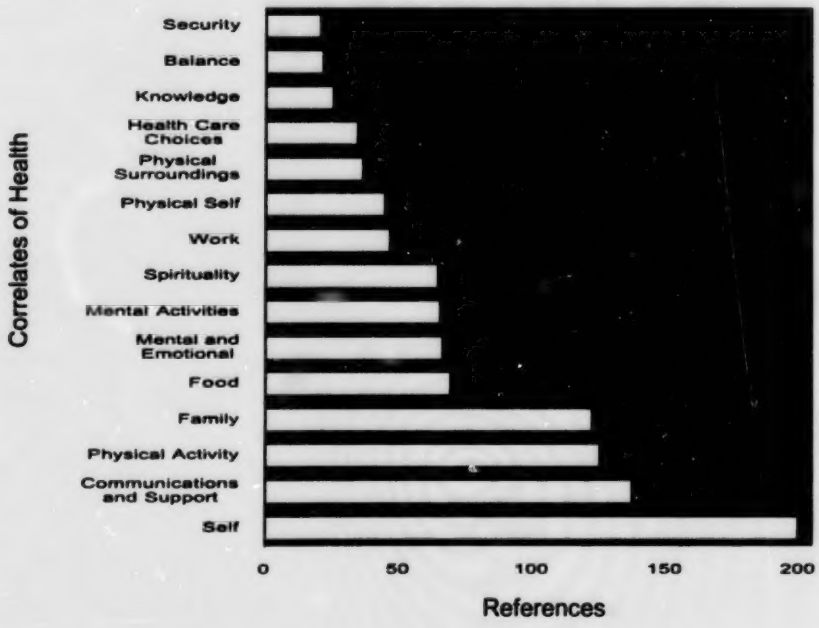


Figure #5 describes the relative importance of the referencing of these correlates. Although not intended to be a tabulation of relative importance, this graph provides a count of the significant references made to a specific correlate during the seventy-seven interviews undertaken. The graph provides a pattern of importance exhibited during the interview process.

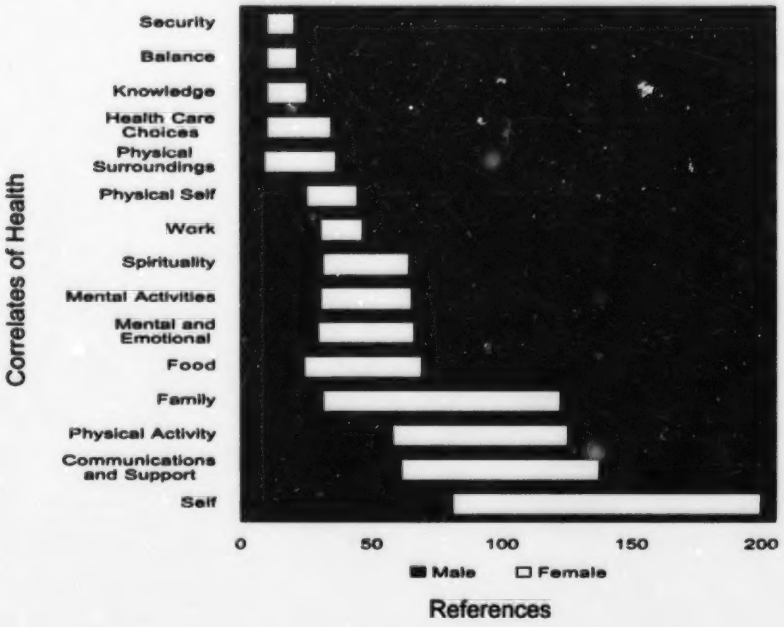
Figure #5: Correlates of Health, Relative Importance



A gender breakdown of this graph is provided as differences were apparent during the research (figure #6). As presented, females referenced the 'self',

'family' and 'food'more than males, while most other correlates appeared to be as important to both genders. This information is provided only to depict regularities within the seventy-seven interviewed.

Figure #6: Correlates of Health - Relative Importance by Gender



2.1.3 Accounting of Health

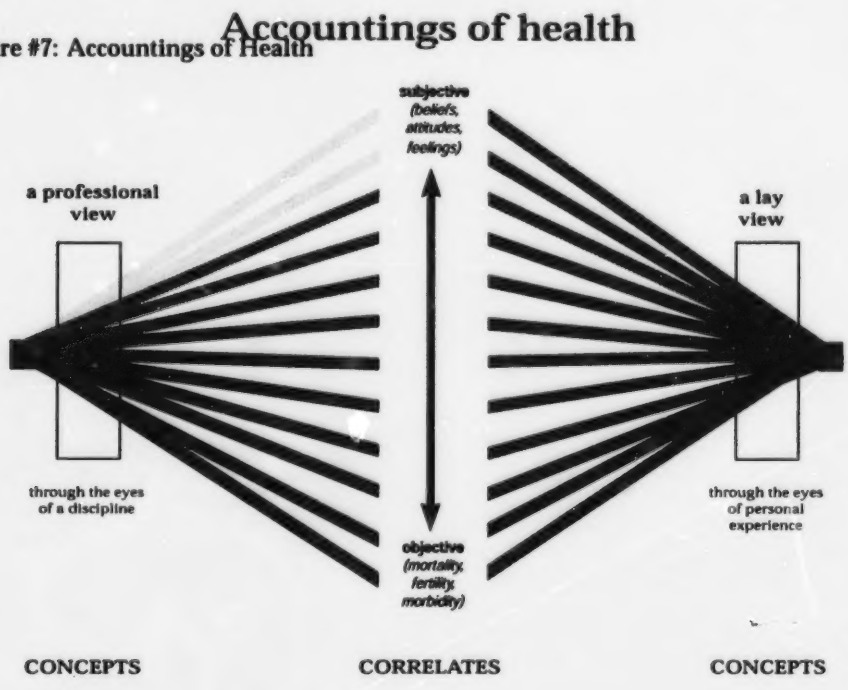
When considered together, the correlates associated with health and their interpretations represent an individual's accounting of health. The term 'accounting of health' indicates an individual perspective on what health means. This account is what health is all about—a subjective construction of health. We all select certain behaviours, factors, or external influences that are part of our understanding of what creates health. We interpret these correlates through our combination of sociological, physical, metaphysical, and psychological perspectives. The view of health that results is a personal understanding of health that may or may not differ from viewpoints of others. Figure #7 illustrates two very different perspectives of health. On one side the professional has been socialized (or at least strongly influenced) by his or her discipline to understand health primarily as a physical phenomenon. This is the basis of scientific medicine. This CONCEPT acts as a lens which stresses the physical interpretation of health. This same discipline stresses certain CORRELATES that can be diagnosed and repaired or cured. The selectivity of explanatory CORRELATES is a function of the discipline and emphasis through training of what is and what is not important to scientific medicine. This accounting of health appears very different from those of the lay view. The interviews indicate that the lay public tends to hold a multidimensional concept of health. The lens of the lay public is less focussed by training and accommodates a less empirical science. The lay public also legitimizes a much broader spectrum of correlates of health. The result from a less focussed CONCEPT or lens and a broader acceptance of influences to

... the lay public tends to hold a multidimensional concept of health.

health (CORRELATES) is a more diffuse and broader expression of health. The important lesson for the research is that the accountings are different, not one better than the other, but just different. The challenge is to accommodate perspectives appropriately and use the knowledge of differences effectively.

As with all of the results of this research, the words and patterns of the participants reflect only those interviewed. In addition, the results are not quantitative; meaning and interpretation of any result represent only that individual who spoke the words. Many common themes are present but not all statements represent all those who were interviewed. To consider otherwise is to misunderstand the nature of qualitative research and to discount the richness of the diversity of perspectives of the participants.

Figure #7: Accountings of Health



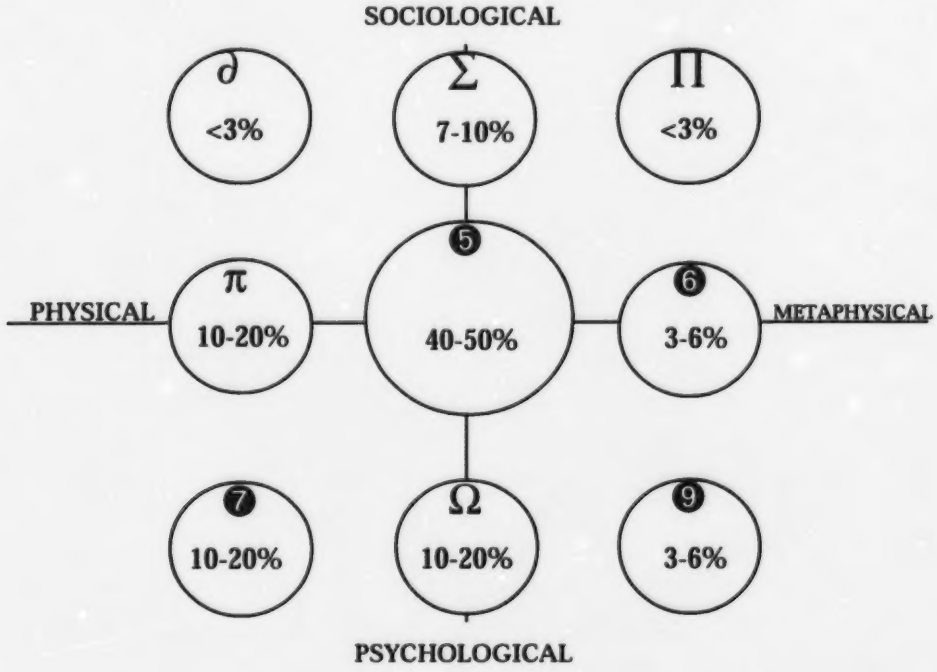
3 Concepts of Health

Four major interpretative dimensions emerged from the interviews with Yukoners. These dimensions include physical, metaphysical, sociological, and psychological dimensions. Graphically the four dimensions take the form of four attracting poles of a graph (figure #1). Very few individuals see their health in a one or even a two-dimensional state. Most Yukoners have a concept of health that include three or four of the dimensions.

Figure #8 provides a visual distribution of those interviewed. Although this type of representation is incomplete and does not capture the true complexity of the interrelationships, it does provide a pattern that indicates variations in the ways individuals interpret health. Those in the center (circle 5) incorporate all four

dimensions in their concepts of health. Circle 1 includes a combination of sociological and physical interpretation of health, while circle 2 includes three dimensions, physical, sociological, and metaphysical. All circles on the axis incorporate the adjacent three concepts, while those off the axis include the respective two dimensions. As presented in figure #8 the highest concentration of concepts of health were those in the center and the bottom left (circles 4, 5, 7, 8). Recognizing that the intention of this figure is not to quantify, the patterns of the results indicate an emphasis of those interviewed to interpret health in terms of all dimensions, or combinations that include the sociological-physical-psychological, physical-psychological, or physical-psychological-metaphysical.

Figure #8: Concepts of Health - Patterns of Interpretation



3.1 Metaphysical

Three major themes emerge from the metaphysical associations of health. These major areas refer to spirituality, religion, and harmony. Each of these terms is used by some of the participants to describe their relationship to some form of metaphysical interpretation of health.

Health and the correlates of health is "a spiritual issue" for many. Respondents feel well or have health "because of a reserve of belief." "Spirituality fulfills you" and provides "a sense of completeness" and some participants report "spirituality as ethics, morals and respect for others and self. Spirituality is developing your own sense of self (of a power greater than yourself)," and this sense of oneself pervades many associations of health.

To Yukon First Nation Peoples, spirituality is extremely important to health. Spirituality is a social entity and its resurgence in the past few years is indicated in the number of families who are "quite spiritually active." The "central focus is spirituality which means fundamental respect for animals and nature." Health is influenced by the presence or lack of spirituality for these Yukoners.

Many Yukoners place emphasis on their belief systems and interpret health as spiritual well-being. A common element to many interviews is the relationship between health and the correlates of health and an "inner peace" or "being in tune," providing "pride and determination." In the terms of one respondent, we "make our spiritual path—each person has a creative force which comes from within." The spiritual themes provide meaning to health and its many correlates for these Yukoners.

References are made to organized religions as assisting in the interpretation of health and providing significance and a means to deal with life and health. "Respecting others and being a kind, decent person affects our mental health" as does it provide meaning to other aspects of health. Some "live [their] religion" and place importance on practicing religion everyday. Another related theme is harmony, or being in "tune with nature," the environment, and the universe.

3.2 Physical

Respondents interpret their health and the correlates of health in many physical themes. Whether talking about emotional self, social activity, or personal well-being, health is grounded in a physical reality. This interpretation of health is related in terms corresponding to capacity, energy reserves, the body's ability, and related physical necessities such as food and drink, disease avoidance, rest, and fresh air.

... viewing health through exercise, or just "being physically" fit is a common interpretation of health.

Viewing any correlate of health means that it provides a physical capacity to free the individual to be "physically able to do what we want." Either "to maximize [one's] potential" or merely being "confident that your body will be capable of performing the things [you] enjoy doing—hiking, canoeing, running, skiing." Capacity is a physical trait or an interpretation of how health is integrated into one's life, existence, or way of life.

Health is related to a physical interpretation of the energy flow of the individual's "vital forces." "Vibrant energy" determines or influences one's view of health and its relationship to the correlates of health. Health can be seen through the perspective of physical activity which provides health with both its capacity and its energy reserve. By interpreting health physically, activity is the source of many healthful activities and a mainstay of this dimension. The concentration on viewing health through exercise, or just "being physically" fit is a common interpretation of health.

The physical orientation to interpretation exhibited itself through such needs as "taking care of your body"—"you only have one—must take care of [it]." This

dimension orients the individuals to listen to their bodies and let the body assist in healing and healthful activities; the process is part of the physical body and its physical presence.

Prerequisites to health present themselves to many as a physical context in which health can proceed. Health is viewed through environmental concerns for the physical relationships between the individual and such issues as smoke, "qualities of the living environment", and the "safety of their own home." Many exhibit a major preoccupation with the physical necessity of nutrition though the discussion of the concepts of health. Part of the physical domain is the interpretation of "exercise and nutrition important to physical health" and the "need to be balanced—important factor on how well our body functions." Over and over the discussion regarding health incorporates the simple statement of "eating well" or "eating right." This physical consideration is eventually linked to the physical concerns of body weight and the need to maintain a stable diet.

Another theme that drew the physical dimension of health into many interviews is the acknowledgment of disease. Some cite the existence of disease or lack of disease, while others reference "acceptance of declining physical capabilities" or the presence of a specific disease or other ailment.

In general, the interpretation of health tied many correlates back to the physical domain of the body and its specific requirements. Acknowledgment of disease avoidance and life-style consequences (rest, alcohol, stress, and drugs) references the physical interpretation and importance of health.

3.3 Sociological

Health is understood in sociological terms through two major themes. One is viewing health through family and friends, while the other from the perspective as a social phenomenon, one shaped and seen from the interaction with others.

... *"spending time with family"* ...

Health is "spending time with family" and having "togetherness with family." One respondent's "family's well-being is more important to [her] than [her] own. [Her] own sense of well-being is completely dependent upon the family's welfare." The "family gives support" while the "giving to others" is what health represents. Some "never worry about themselves" as "friends and people are more important to health."

The "need of friends," "good relationships" and the "need [for] positive relationships with people" permeate individual understandings of what health represents. Many "enjoy being around other people" as "maintaining good friendships [is] extremely important to well-being." Health and health activities are all social activities. They connect and they give a purpose that transcends the physical dimension.

Health can be understood as social exchange. Health is "preserving what is valuable

in the traditional culture & maintaining what is useful in the modern culture" or health is a "focus on the younger generation." Health, interpreted from a social perspective, was also described as "someone taking care of you, making you feel better, not only physically, but talking to you."

A sociological interpretation of health constantly demands responsibility from others and/or a need to be responsible for others. Health is "a strong sense of values which is passed on to children," "taking care of the environment," "maintaining native culture", or being "involved in the community."

3.4 Psychological

A psychological interpretation of health sees the correlates of health linked to health by attitude, personal control, and a development of a necessary sense of well-being that creates or fosters positive health.

This psychological interpretation of health links almost any correlate of health to a positive attitude ...

A psychological interpretation constructs health as a product of one's mental state. This psychological interpretation of health links almost any correlate of health to a positive attitude— "having a good frame of mind." "Well-being stems from a state of mind." As one put it, "good mental health needs work" and others suggest that they "work at maintaining good mental health," it is not something that just happens. Many correlates of health need to be seen and interpreted in relation to a psychological state. Many references were made to "thinking positive rather than negative" as a way of fostering health or in other words, "a positive, hopeful attitude [is] important to well-being." Working at mental health meant "being centred, at peace, in tune with self" or developing a "positive feeling or inner sense that everything is going along and knowing that you can cope from day-to-day."

Another part of the psychological interpretation of health is the need for control, a sense of independence, or "having control over [one's] own life" to produce positive health. "Having control and authority over [one's] own life" means "being able to live on one's own," "being able to look after [one's] self" and "being in charge." "Well-being is being dependent upon yourself."

The idea of well-being is often used to capture some psychological interpretations of health. Thus "well-being is an individual thing"—"health is life," it is "to be excited by life" and "to engage in life." Respondents who have this dimension of interpretation reference correlates through a feeling of well-being. Some "believe the majority of physical illness can be overcome through mental energy" or simply that "health is a state of well-being" and can be influenced by such simple things as "appreciating the small things in life" or "being in touch or in tune with all aspects of your being."

A related component of the psychological understanding of health is the link of health to the emotions. Mental and emotional relationships are "more important than physical" ones to health. Some indicate that their concept of health is "looking for joy in life" or even "having a sense of humour" or just "being satisfied with things around

you." Emotional interpretations of health see one's calmness from within as a direct way to deal with health. Just "being happy leads to good physical health", although some see the inevitable need for a "positive environment" as the major means to this health.

3.5 Balance

The dynamic of multidimensional health is referenced throughout virtually all interviews. Language such as "circle of life—balance of physical, mental and spiritual well-being," a need for "balance of physical, spiritual, community, family," adopting a "holistic approach to health and well-being," "a triad of physical, emotional and mental" and health as a "gestalt" illustrate the many ways balance is introduced into health.

Some required a totality of all dimensions while others make distinctions between them important: "physical, spiritual, mental, social and emotional—a completeness of these" and "physical and mental are the two more important aspects, the other three (spiritual, emotional, social) are on a second tier." Wholeness is the "mind, body and soul" or a "harmony of the body, mind and spirit." Clearly the "physical, mental and spiritual health [is] linked" into a balance of planes. As one participant put health, it is "a circle—all the pieces must fit together to ensure good health."

... health ... is "a circle -- all the pieces must fit together to ensure good health."

For some participants, the sense of equilibrium is expressed as being individual. Depending upon the participants' own balance, equilibrium is personal and incorporates two, three, or all four planes of health. The "spheres are in balance and in harmony" when you are "feeling good in the body, heart, spirit and mind." To one participant "health is everything: physical, mental, social, and religion", and to another health is "unity with the whole of life."

4 Correlates of Health

Correlates are the associations or determinants of health as perceived by individual Yukoners. The following summarizes what Yukoners saw as being related to their health, what caused their health, or what was important to their health from their personal perspective. Correlates are not necessarily theoretical determinants, nor are they causal explanations, but they are experiential and grounded in the everyday problem-solving of life (phenomenological). Correlates represent the reality of health from those who truly count--from the experiential nature of health.

The correlates serve as the health language of Yukoners. This language provides an understanding of how Yukoners relate to health, what words they use, and what linkages are formed by the general public. The vocabulary developed by the correlates provides the language-based categories that are available to research. This vocabulary also provides the transition into the theoretical world of the determinants of health or the causal models used by health professionals and health promotion practitioners.

For purposes of convenience and presentation, the correlates are grouped into three broad areas: individual, connection, and context correlates. These groupings are no more than conventions for the labelling of correlates. The individual area identifies correlates that relate the individual "self" with health. The connections grouping references the correlates that link the individual with their social environments, while the context set is a grouping of physical, economic, and health care infrastructures. Membership of each set can be debated, but the objective is simply to find useful groups for discussion.

4.1 Individual Correlates

This set of correlates references the individual. All correlates in some way are linked to an inner dimension of the participant and their relationship to health. 'Self', as the reference point, includes mental, emotional, and physical qualities along with a dynamic that incorporates a personal balance or individual equilibrium point.

4.1.1 Self

The correlate of 'self' is a complex of associations that refers to the individual's sense of him or herself. Equated with health is personal integrity, control, and sense of oneself. Yukoners' 'self' is linked to personal knowledge and an inner need for one's own time and space. Health as control incorporates independence and the choices imply life-style, alternative health options, and freedom of decision-making. Self-discipline and personal responsibility are all part of the control of 'self.' In addition, attitudes, beliefs, and awareness reference the self as an integral part of the 'self' correlate of health.

Health requires "alone time." The importance of being alone is valued for its ability to ameliorate stress, permit reflection, or foster healthful meditation.

Health is an attitude. The retention of a positive attitude towards oneself and others includes such simple ideas as thinking positively, thinking "young" or telling yourself you are feeling good. Combined with these is the self-challenge required to contribute and to experience a purpose to one's life. Competition and self-challenge influence health through the sense or integrity of 'self.' Health requires feeling good about yourself, knowing yourself and liking yourself—"in order to help others one must feel good about yourself." People talk about self-care in terms of ensuring that their health is retained for the benefit of others.

... "in order to help others one must feel good about yourself."

"My body—all my choices" suggests a self-knowledge of health. Many Yukoners reference having choices, exercising these choices, and accepting responsibility for these choices and their health. Others value freedom and freedom of choice as integral to their health. The responsibility for one's health for some respondents goes to the degree that it is their choice what health treatment to have. This responsibility extends to being informed and this education is acquired "through reading a lot on treatments and options available."

Control, as an aspect of health, is the "authority over one's destiny" and being "able to live independently," "doing what you want to do, not what others tell you to do," or simply "living alone." Control in work or personal life or generally having an influence on one's life is seen as a strong correlate of health. Control is exercised through "disciplined life-styles," "structure in life" and "self management."

4.1.2 Mental and Emotional Self

Emotional and mental 'self' are overlapping concepts for Yukoners in which the emotions are inseparable from the mental processes that form them. Emotions and the ability to express these emotions are consistently cited as being implicated with health. "Happiness" is referenced by most as creating health and equates directly to the presence of physical health. Part of happiness is the need for emotional love or "close, romantic relationships" and the presence of "being liked by others" in return. Emotional expressions are individual and some participants indicate a need for a "loving caring environment" for health while others see the source of health as an individual responsibility: "only self can make you happy." Some confusion exists between emotional states and the mental processes, but clearly emotional outlets are seen as the link to health. Some participants state this association as "being able to release emotions and getting this in return from others" or "being able to talk about what's bothering you, not keeping it inside" and these mental processes all "equate happiness with healthiness."

A clear relationship between mental and physical health is exhibited by many who talk about mental associations with health: "I believe that any physical illness is rooted from an emotional, mental or spiritual imbalance" or "non-physical has a lot of power over physical."

Stress

A consistent element of "mental self" is the battle with "stress". Participants indicate a constant awareness and management of the relationship between stress and their health, both physical and mental. Participants "constantly try to eliminate stress in [their] life" or must "cope with stress—sort out self before [she] begin[s] helping others." Coping is featured as the response to health: "coping with stress through traditional ways (cutting of wood, nature, packing water, etc.)", "coping with stress through talking with a friend, thought, and prayer." Mental stress manifests itself in physical symptoms. In addition, mental associations with health are tied to social issues: "cruelty, harshness, disharmony and prejudice," "dishonesty, unfairness, and being used," "ignorance, intolerance, bad management" and "racism, sexism, the war" (editors note: refers to the Gulf War (1991)) all surface as correlates of health.

4.1.3 Physical Self

The physical aspect of health is surprisingly rarely mentioned. When participants are asked what constituted health, physical health surfaces predominantly among those who lack it. One participant describes the physical side of health by

indicating the person "has not felt well since he was 12 years old" *(in 60's now)* while another references physical health as "pain is a way of life." Physical health is synonymous with the negative aspects of health and participants appear to overlook the positive features of possessing good physical health. When referenced, topics such as physical rest, or physical control of body weight are cited. The more positive physical aspects relate to relaxation, "body image," or the constant surveillance of body weight.

4.1.4 Mental Activities

Mental activity refers to a series of individual behaviours that participants see as part of good health. Being mentally active, creative, engaged in learning and life contribute to health and the concepts of health. The recognition of multiple aspects of health permeates the words of the participants. To retain "functionality" or well-being in all dimensions requires participating in life and being mentally active whether it be handicrafts or some simple home project.

All of the mental activities are part of directing "energy in a creative way."

Part of this active life-style is continually to expand one's creativity and remain mentally active and alive. Creativity includes partaking in such activities as: weaving, writing, gardening, dancing, painting, and education. All of the mental activities are part of directing "energy in a creative way." Music plays a significant health role to some, as does reading and relaxation, while one "cures illness with rest through music, relaxing, weaving (creativity), photo (nature), and massage."

"Thinking" as a mental activity is associated with health coping. Some individuals cope "by throwing self into work," "cope by thinking through his problems," or simply "maintaining health daily through the power of thought." Overall, participants equate health with the need to pay attention to mental activity; to do otherwise creates other health problems or exacerbates existing health problems.

4.1.5 Balance

A theme that is found in many interviews is the concept of health balance. Many metaphors are used, yet they all refer to the need to develop and retain a balance between the many spheres or planes of health. Balance is a holistic concept that links either three or four dimensions of health (in the words of most, these include the physical, emotional, spiritual, and social aspects of life). Although more frequently considered part of the general understanding or concept of health, balance is explicitly cited as a state necessary for the achievement and retention of good health. Yukoners use the words "seeking" or "need to achieve this state of equilibrium" as if a normative state or reference point is necessary for their health state.

4.2 Connection Correlates

Connections are clearly a set of correlates equated to the respondents' social relationships to health. Health is a phenomenon that incorporates the family, work, and communications (spiritual and social knowledge). All of these correlates suggest connections to external sources of social interactions.

4.2.1 Family

Family is health, affects health, and is a concern of health.

One of the most pervasive associations with health is the perceived correlate of the family. Family is health, affects health, and is a concern of health. Yukoners constantly refer to their families in many ways. These include the importance to life, the effects of family on themselves, and the physical structure of home as a place of family.

"Life revolves around the family—hopes, worries all linked to their welfare." This summarizes the view of many participants. Their family is the center of their world and health is implicated both in the way the family affects their health and how their health impacts on other family members. All "hopes and worries revolve around children's education and future and the family business" and this expresses the many ways the family is an anchor to life and health. Whether it is the spouse, son, or daughter, the family represents a focus of attention and a source of purpose. Expressions such as "husband anchor in life," "kids—hopes and concerns," "wife is the light of [his] life" convey the central theme of family members. The family is the focus of attention and provides the source of day-to-day communications. The family is an origin of encouragement without judgment. Over and over, the importance of relationships and contact is expressed as a needed component of well-being and ultimately health. Part of this contact is the importance of family time. Many looked forward to outings, weekends and spending time with family members as an essential dimension to their lives. Communications and relationships provide the much-needed feedback of social balance and permits personal growth.

The family directly affects the health and well-being of participants. Worries and happiness are connected to family, and physical health is a result of family influences both in a positive and a negative sense. Some see their family as an opportunity to avoid past negative links as "not repeating the kind of childhood [the participant] had, in which there was no food in the house sometimes, due to the alcoholism of parents."

Repeatedly the personal effects of worries about children are echoed as they impinge upon both mental and physical health. When "the family is healthy and happy, then I am healthy and happy" or the participant's "well-being linked to family's well-being" illustrates the health links of this correlate.

Part of the family relationship is one of responsibility. These responsibilities are felt and the role in the family influences how this responsibility translates into well-being.

A last theme of the family includes the physical representation of the family—the house or home. Family was a place to call home, a place of security, a place of people.

4.2.2 Work

Health and work are related both in a positive and negative association. For many, work is a very big part of their lives. "Art is everything" (which is the participant's work) or the participant's "career and job is very important to .. well-being—gives security and a sense of purpose." Work provides security, relationships, and self-actualization, as well as the mental and physical stimulus necessary to keep active.

On the other hand health is implicated with work in a negative way. Work "is very taxing—physically and mentally," one can "get too busy with work and neglects spiritual and emotional" aspects. The interference of work in health is explained by one who sees his work as "necessitating an unbalanced life-style": it creates poor health through the time and energy demands it places on the individual.

Many take pride in their work, avoid time off, and generally see work, for better or worse, as a major component of their lives.

Work as a social role is displayed in relation to health. To many "being productive at work" and "establishing a career and education" is important to their health. Many take pride in their work, avoid time off, and generally see work, for better or worse, as a major component of their lives.

4.2.3 Communications and Support

This correlate addresses the participants' need for connection or need for "belongingness". To communicate is to belong, to feel one is a part of a community, and to share in the support and rewards of these connections. Much discussion on communications and support occurs when individuals are asked what influences their health.

Communication is referenced to the community. One individual is "active in native community gatherings" (*his only social outlet*), as his beliefs differed from those of his friends. Here community, community activities, and community involvement connect one to a larger sense of society. Some express the community connection as a "need to contribute something to society" or "the community and environment allows [him] to forget his physical pain" or communication as a need to cross "communities of generations."

Communication is the opportunity to be with friends who share common beliefs and practices and would support them in time of need. The most common statement of communication is the need to talk or share with family or friends, to express relationships— "talking to others has a cleansing effect." Community, family, and social contact complement and compensate for each other. When a

... health is perceived to be improved by having a communications outlet ...

spouse is not capable of fulfilling a communication or support role, the void is filled by other surrogates. In brief, health is perceived to be improved by having a communications outlet, reducing anxiety through sharing, or communicating a feeling of connection with others within society.

Communication is also broad enough to connect individuals with the global community. Many participants are socially concerned and see a definite link to their health through global issues: I "worry about community and global issues ... keep in touch with global issues by watching TV," or others suggest "worries are varied and include global issues as well as a deep concern for .. ability to cope with personal life," and another participant "maintains health daily by helping others stay healthy."

A passive side of communication is listening. Many see language and listening as essential to the understanding of a holistic health. Health is "preserving Gwich'in language," "passing along knowledge" and "teaching the children by other natives how to survive on the land." All of these communication processes are health, health of the individual as a part of a larger community.

Another dimension to communications is the relationship with other people: "true, honest relationships." One suggests "who you're with is more important than where you are" while another sees "non-judgmental relationships—clarity and honesty" as being essential for health. Being around people, having honest relationships, and "respecting oneself along with others" influences health. "Social order and well-being of the community" is the ultimate product of communication essential for a healthy community. Support of others and the community is linked to health. Support from Alcoholics Anonymous, Bible study groups, healers, elders, friends, and others play significant healthful roles. Sharing knowledge and oneself, support of nuclear and extended family, and the guidance of elders is essential. On the other hand, many feel their contribution to the communication connection to be important: "passing on knowledge—teaching the traditional ways," "need to be listened to, especially by the young" and a need to be "teaching others upholding traditions in the education of the younger generation."

4.2.4 Spirituality

Spirituality plays a role in many participants' interpretations of health. Two types of spirituality appear, one as organized religion and the other as a less defined set of expressions of spiritual connection, calmness, or cosmology.

Peace plays a role in many interpretations of health. "Inner peace," "calmness," "contentment," and linkage to "self, the world and God." As an organized activity, others see religion as a source of health, communication with God, and basis of family. Some Yukoners indicate that religion was clearly not a priority and being a good person did not require such organization.

Spirituality is seen as a broad concept that helps one cope with health by providing comfort, hope, counsel and a source of support when in trouble.

A significant presence of spirituality pervades many interviews. Spirituality is a "guide whom one contacts and asks for advice regularly" or a faith in which one's "beliefs pull you through the tough times—great source of comfort." Participants clearly indicate they need their "spirit and beliefs" and a "personal sense of spirituality." Spirituality is seen as a broad concept that helps one cope with health by providing comfort, hope, counsel and a source of support when in trouble.

The distinction between religion and spirituality according to one participant was "religion—a socially agreed upon set of beliefs and values shared by a group of people: spirituality more individual—values, non-materialistic." Traditional spirituality is expressed as strongly connected to health; "spiritual plays a big role in health—being in touch with that energy force that is within" and "sweat lodges, smudges, sweet grass, sometimes prayer" are means of access.

4.2.5 Knowledge

Knowledge features in people's association with health. Prevention, protection, and self-improvement is the language used. Health is "avoiding dangerous situations," "looking after welfare of self," or preventing health-threatening situations such as sexual abuse or family violence. Beyond basic prevention and protection, self-improvement dominates the discussion.

A deep-seated responsibility to improve oneself is associated with health. By "constant self-improvement" or "upgrading ... education even though it may hurt [the participant's] marriage" participants suggested a strong commitment to learning. Education both of self and society is seen as the means "to promote preventative health care methods." Knowledge is more than the content learned, it is seen as a life process that provides both the information and the challenge necessary to deal with health. Implicated with self-control, self-power and self-responsibility, knowledge provides choice, confidence, and personal engagement in the health process.

4.3 Context Correlates

The context correlates provide a set of external influences on health. External to the individual him- or herself are such correlates as food, security, physical activities, physical surroundings, and the health care options available to the participant. All of these correlates are related to health by Yukoners and are the physical context in which the individual and connections interact.

4.3.1 Food

Food as a correlate links nutrition to physical as well as social demands. Considerable knowledge regarding what individuals should eat to maintain health is exhibited. A long list of appropriate foods was discussed and the focus

of food centres on the food participants consume and the physical reasons for such consumption. "Diet affects health," "eating well (*reads labels, native meats, cooking methods)*", and the expressions of good diet and health were common. Another dimension of the correlate of food revolves around the consequences of food. From a social perspective food is implicated with family, conversation, and in one case prayer. Potentially associated with this interpretation is a significant focus on dieting, and control over body weight and self-image. Food is to be controlled and watched both from a needs perspective and from the perception of body weight. Some suggest they are constantly dieting, constantly watching their weight, eating too much, or avoiding certain foods.

4.3.2 Security

A sense of security and financial stability is cited by many as being a correlate of health. The language used clearly indicates a concern for the "economic survival of the family: living the traditional way of life is difficult because there are few ways to earn money and support a family." Money means "economic freedom" and diminished concerns over basic maintenance. Financial worries are about "keeping up with ... obligations" and "financial stability" for the entire family.

As a correlate, associations appear to be related to some basic level of financial stability, a need to avoid worrying about the basics of life and being in the position to maintain health and well-being. Concerns over financial stability do not appear to enter into health for those who have attained economic stability. This linkage, like physical health, was a negative association.

4.3.3 Physical Activities

As would be expected, participants make the causal link commonly promoted between health and physical activity. Many references between physical activities, exercise, and sports are clearly exhibited.

Gardening, hiking, canoeing, swimming and a host of physical activities are stated as essential to health. For some, the activity itself is compelling while for many "getting out and doing things" or "maintaining a high energy level" was the important objective. A fear of the lack of physical activities is expressed: "must keep active or will end up in a wheelchair," "needs physical exercise to be mentally alert," or physical fitness means you will be "able to do what you want to do."

Exercise

For those who talk in terms of exercise, the message becomes more explicit. Being physically fit is very important to many, they are able to "cope with stress through exercise" or "exercise is a coping mechanism—alleviates stress, provides pleasure and companionship." As a very positive activity, participants reference health to "daily jogs," "daily exercise," or "doing physical stuff—weight training, going for a walk." Exercising faithfully, having a regime,

meeting their physical expectations contribute to the "physical aspects of health affecting mental and the emotional state" and the "importance of family life."

4.3.4 Physical Surroundings

One's physical surroundings are seen to affect health in two major ways. First, health requires a good physical environment as "community problems affect family and in turn affect" the individual. This "community environment has an influence on one's sense of well-being ... it is the only environment one can live in and one becomes sensitive to this environment." The community environment includes water, sanitation, and the general influences upon the physical health of the community.

Yukoners identify nature as part of the correlate of health.

Another focus of physical environment dealt with the natural landscape. Yukoners identify nature as part of the correlate of health. "Being outside," "clean air," "hunting, fishing, trapping" are all a part of being able to fully enjoy one's life. Health affects the ability of Yukoners to enjoy nature as does the quality of the environment. The Yukon provides an interesting backdrop to the many comments regarding the importance of natural environment. Yukoners in many ways are self-selecting and their stated orientation reflects their concern for both their health and their natural environment.

4.3.5 Health Choices

The choices available to participants influence their health. Control, access, and alternatives permeate the language of participants in the research. Often acknowledgement of the use of alternative medical practices is given, while for others the need and respect of choices is important to health.

A broad array of alternative medicines is acknowledged and supported by the participants interviewed. Many espouse the efficacy and the appeal of these practices. Despite this recognition of alternative medicine, conventional methods of medicine are seen as complementary to the alternatives discussed.

The list of alternative medicines was lengthy given the number of interviews performed. The range of health options includes: acupuncture, herbalism, channelling, healing, biorhythms, automatic writing, energy transmission, Chinese medicine, holistic health practices, homeopathic knowledge, massage therapy, rolfing, and folk cures. A balanced acceptance of medical practices is expressed and suggests an acceptance of the usefulness of many methods of fostering health. Some are accepting of having a variety of options in which a physician represents one of the many alternatives of consultation: "visits medical doctor rarely—pap smear, mammogram .. rely on self knowledge and treatment." Participants indicate that a medical doctor is used for "traumatic injury and accident" while self-help, alternative medicine is used in other events. Other participants are looking for a balance or integration in a single

doctor: "needs to have access to a practitioner who cares and inspires" ... him with confidence.

4.4 Other

4.4.1 Alcohol and Drugs

Although not a major correlate in the way others are cited, alcohol and drugs are associated with avoidance. Alcohol is seen as a source of problems with the health of the family, the community, and the people of the Yukon. In short, "avoid curse of alcohol and other drugs, the main source of problems in my nuclear and extended family." Given the great interest and prevalence of alcohol and drugs in the Yukon, it is surprising that more people do not directly link alcohol and drugs at the community level to describe their own health behaviour and health status.

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5 Health Stories of Yukoners

5.1 Introduction

The following set of stories are reconstructions of several interviews held during the course of the qualitative interview phase of this research. These stories are offered for several reasons:

- First, they provide an opportunity to convey an illustrative set of respondents as whole individuals rather than in the segments of analysis.

- Second, the stories offer a means of illustrating how the correlates are used by individuals and how they are interpreted from different perspectives. As an integrated statement of the world of those who experience health, the stories operationize the model of health developed in this paper.

- Last, the stories offer an interlude in which to bring back the voices of those who contributed and offered so much time to the research. It is essential that the analyst and the reader be reminded of the human element in research -- these stories are those voices.

5.2 Listen to the sociological interpretation of health through various correlates. In addition, observe the unity of physical and mental health.

Mrs. Smith is in her fifties. A web of life experiences has formed around her family and her values. Her appreciations are simpler now. "I think in the last five years since my husband died, I don't look for a whole lot because I find that you can be gone so quickly." In 1980 she cared for her dying mother and presently her sister is battling cancer. These life events have shaped her interpretations of health and made her feel "lucky health-wise... If I wake up in the morning with a headache, I think, thank goodness I'm not sick a whole lot."

Her family permeates the core of her being. It is the source of her joy and her sorrow. Some of her children are in the Yukon and others have moved away. Her relationship to them and the relationships between them affect her mental and emotional health. She says she is most happy "when there is no turmoil and everything is going smoothly..... no frictions .... no real family squabbles to settle." She attributes some of her headaches to tension resulting from family concerns--a psychological interpretation of a sociological correlate of health.

Mrs. Smith uses a common-sense approach towards health and prefers personal experience to trendy propaganda. "I have friends that are sort of caught up in what I call the trendy sort of things I think and they just have to have decaffeinated coffee, then they read an article that says the process of decaffeination is not healthy for you—so no more decaffeinated coffee. I couldn't stand all that! Confusion, choices!" She laughs heartily. Activity and knowing what to expect in a day are far more pragmatic concerns.

She has found what works for her and adheres to that. She is a proponent of the merits of physical activity, though she shuns exercise classes. She likes "keeping busy and having something to do each day. .... Even just a short walk.... is really good... to relieve tension—fresh air and a little bit of exercise." She's discovered as well that.... "Eight glasses of water in a day, helps keep the weight down." She believes in common sense and a positive attitude—"get your rest and eat reasonably well."

Relaxation and contentment are found through reading, walking, and music. Reassurance is found through the church. She says, "I think I look to the church itself for... support—the feeling of yes, I can cope." She relates the inner nature of health, "it comes from within," to the succinct external manifestation, "just get up in the morning and feel like doing something and being able to do it."

At the onset of the interview, Mrs. Smith made a distinction between mental and physical well-being. At the end, having explored the linkages and relationships between the concepts of family, physical state, inner self, and mental and emotional states, she reassessed her position with, "I think at the beginning I tended to separate them. But well-being is feeling well .... I can see now that they go more hand in hand" - in dynamic accord.

5.3 Listen for the psychological (emotional), social (family) and physical interpretations of health. Mrs. Ryan's commitment to family and community are essential in understanding and creating her physical health.

Mrs. Ryan lives in a Yukon community with her husband and two children. She works at home helping with her husband's business and looking after the children. Health is "being emotionally content and physically healthy." Being well is "being able to access the system... so that it is not a real financial burden. You know the system is there and if you need it you can, you can rely on it, you don't have to run first and check your bank account to see whether you can actually afford this or not."

The family is very important to her, as is their support. Their health affects her health. To make you feel healthy "the first and foremost thing ... is my family, my husband and kids, knowing that they are okay. As far as actually needing anything, no, just knowing that we are all okay and together." Traumatic events recently made them all realize how lucky they are to have each other and to be together. Everything kept coming back to the family, a sociological interpretation of health as a central theme in her life.

Her family enjoys doing outdoor activities together, like swimming, skidooing and hiking. It brings them closer together. "Physical activity is a real plus for feeling good." "The times that we have with each other, etc., you know, that is the number one thing for us."

Her faith has helped her through some very trying times with her family. Even though her extended family is not close to her physically, they still talk whenever possible. "If there was anything we know that they are there and if there was anything really traumatic or anything that they could help with, they would be here, you know, just on a dime kind of thing." Friends are important to her and she relies on their support. "Family and friends, ah, without those two it's a pretty lonely existence." Once again, health reflects social connection.

There is an air of energy about her. She is baking as she talks to us and is able to do both without missing a beat. She is not one to sit around but rather enjoys being busy. Having a positive outlook on life and setting and achieving goals are essential for her mental health. "There are all kinds of downs, um, but we just carry on and there is a happy one coming right behind it generally. It doesn't help to dig a hole and bury yourself, but some days the best thing is a good cry and then carry on, so that there is ups and downs to it, but there is no getting away from it and you might as well make it positive..." Her house and the surrounding grounds attested to the fact that she kept busy—everything was immaculate.

She feels very strongly about promoting a sense of community and keeping it safe. It is important to provide for the community. For this reason she volunteers at the public school and if there is an issue which she thinks is worth fighting for, she will. She is not afraid to get involved.

She is responsible for her health and her life.

5.4 Listen for the many interpretations of health. All are present yet not in a single integrated whole — they form a separateness that reflects a conscious and researched effort to balance all dimensions of health.

Dan views "being well" in "many spheres"—body, heart, emotions, and mind. He gives himself "spot checks" in each of the four spheres and skis, bikes or meditates according to his assessment of weak areas. He takes his responsibility for maintaining good health very seriously. In twenty years he has only lost one day of work due to illness." But it was only because I couldn't walk—due to my back injury I could only crawl." He attributes his physical well-being to his strong "will to be very healthy" - his physical wellness correlates strongly with psychological wellness.

Dan believes in and pursues an ideal state of whole health. "I believe in the ultimate wholeness; whole health is a far more efficient state to live in... In that state of peace... then... the body is naturally healthier; we think better, interact better, [are] more creative." Unfortunately, his ideal is confounded by reality. He refers to himself as "a very heady, thinking, mind-kind of person" whose personality characteristics impede his attainment of his wholistic [this spelling of the word was important to the individual] well-being. He has kept a journal for many years and says, "I could write books on myself" but that is not enough for wholeness and well-being—it is "beingness" that matters more. While talking, he sometimes slips into self-lecturing, encouraging himself to "enjoy the world, enjoy some people." He perceives his intimate relationship with his partner as a "positive opportunity to grow" and learn more about himself though mutual interpersonal risk-taking and feedback.

He admits that his psychological views have "been criticized as being too prominent," and he agrees, "it only catalyzes more headiness—being *too self-involved, self-absorbed.*" He adds, "I need to be less a mindful person.... I need to spend less than 24 hours a day thinking." Acutely aware of his imbalances he adds, "I should only be thinking 10 hours or 8 hours, I should be experiencing emotions many hours, I should be simply enjoying my body for a few hours, I should be having some spiritual experience for a few hours." It sounds like a juggling act, but he adds, "of course, these ideally would all blend in."

The blending, or the harmony, he expects to achieve through his spiritual sphere. He has explored several spiritual avenues in the past twenty years. This exploration has coincided with his introduction to "humanistic psychology and hence wholistic health." They have remained "part of my life to varying degrees, but never 100 percent." The correlates of physical activity, nutrition, mental and emotional wellness, and spirituality are dominated by a preoccupation with self-exploration and self-knowledge. Hence the sum falls short of total balance.

He's continually working on it. "I'm trying to ride my bike to work, ... without thinking ... well, how long did it take to get me to work?" He adds, "I need to slow down, watch the river go by, listen to the loons, the gulls and just....[think] nothing—live as a human 'be-ing' rather than just as a human 'do-ing'."

5.5 Listen to the physical and psychological interpretation of the correlates of health. A clear and practical perspective of health as a resource is prescribed by this young man.

Mr. Greenbaum is a young student living in one of the communities in the Yukon. To him, the physical ability to do what he wants to do, when he wants to do it is important—a sound mind in a sound body. "What health means to me, as I've said before, sort of a strong mind and strong body. Just knowing I have the freedom to pursue whatever I want to." When describing the most important thing in his life he says, "Physically, it would simply be a sound health and mentally it would be knowing that I'm free to look forward to being able to do almost anything I want to do. Being well is just being as least stressed as possible and most confident in the body's ability to do the things you want." In this way, the physical and mental aspects of health are tied together in an interpretation that see them as inseparable.

He takes his health for granted. "I just assume I'm healthy most of the time." When he needs medical advice he depends on allopathic practitioners for his medical needs. He feels that he is responsible for his own health. "I am the product of myself, uh, that would include, uh, the food I choose to eat, the activities I choose to do, how many hours of sleep I try to force upon myself or deprive myself of." How did you come about understanding health? "It is a little bit of listening to what my body is telling me and listening to what my friends and peers are telling me and listening to what the professionals are telling me."

Challenge is important to him, whether in the physical or mental capacity. "I really enjoy learning new and different things, whether it be at school or travelling places." Friends are important to him, not just those with like interests but also those with differing interests. In this way, he gains new knowledge. "Being able to meet different people and not only meet them but get along with them and still be best friends with them even today, you know." "Like to look forward to things, uh, different types of experiences, look forward to events that I know will be coping and some degree, I look forward to the unexpected. To anticipate different experiences and hoping that I will get the most out of them and learn the most from them." He likes to be able to exercise his creative side, either through art or music.

Even though the social aspect is an important component of his mental health, he also values his time alone. "I enjoy my privacy quite a bit." Fundamental to his mental health is maintaining a positive state of mind. Putting his problems in perspective is one of the ways he achieves this. "Just to look at things in perspective and realize that larger problems in a relative way are usually not as large as people see them to be." Self-pride and self-confidence are essential to taking oneself through life. "I also take pride in taking some of the things that I've learned and when I've done them well that makes me happy. Personal spirituality would be, as I said before, a sense of pride, intangible set of--I wouldn't use the word morals--but just a personal code and uh, personal motivation to carry out your own wishes. Pride and determination would sum up personal spirituality the most for me."

His physical environment is important and being able to get out and do things—canoeing, skiing, etc. "Having lived down south, you know, you try to explain to some people that you can do all these things right away in your own back yard, but down south you are looking at a full-day trip to be able to go to the mountains or go canoeing or what not. I enjoy being able to take advantage of what's at hand." On a daily basis, physical exercise is necessary, due to a back injury. "Just being confident that your body will be able to do whatever chores or demands that you place upon it."

5.6 Listen to the strong sociological and spiritual interpretations of virtually all correlates of health. Although an extremely articulate and formal interviewee, the following expresses the health concepts evident in other First Nations people interviewed.

Many people have individual philosophies and perceive the various aspects of health as unrelated. On the other hand, others perceive only the linkages between the correlates and are unable to segment or fragment the entirety. As Qwahtla Aaishih (the name requested to be used by the participant) explains, "I can't separate myself at all... If you want to talk about health you have to talk about health of your people. ... It's difficult I guess for any aboriginal person .... to try and talk about your own health-wise, because it means your spirituality, and our spiritual connection is pretty wide...." And the expression is problematic. "If you want to get deeper into my spirituality it would be very difficult to do so without speaking my language ..." Without words, concepts vanish.

She continues, "We want to be able to maintain a kind of peace and existence that we have always have with the land and that is very, very important for us... It is basically based on fundamental respect for what you live with and what is provided for you. Because if you don't take care of it, it won't be there to take care of you." The dynamic of unity is construed through a spiritual lens. "Everything around us is very sacred and we have to take care of those things."

"For myself, I continue to eat my traditional foods, I try not to change my diet as much. I do like all the foods that are available now, but I have to have my food from back home—that's my diet. And if I don't have that, then I don't feel very good. I'm not as strong mentally and physically and spiritually." Emphatically she adds, "... I have to have those foods. I have a certain spiritual connection to certain animals that I've been raised with and I *have to have* those foods in order for my spirit to survive." Food, a physiological phenomenon, is interpreted spiritually, with mental and physical ramifications.

For aboriginal people, living in peace is not as easy now. Change has taken its toll. "All these outside influences that weaken everything else, that ... weaken the systems amongst our people... and that is disrupting our food chain. And it is making things not very good for people to live... And not only that there is a lost spiritual connection, we have lost a lot of our culture and tradition, that all ties into health ... and therefore our people are going to get unhealthy." She sees environmental changes, alcohol abuse, organized religion, and modern education and health practices as impediments to their natural way of life. Intrusions severing connections, causing breaks in the linkage, creating disharmony and ultimately disease. She views cancers as the result of the stress from the "outside influences" which disrupted her people's lives at such a fast rate. The interpretation is a world view composed of interdependent correlates.

"We need to be left at peace, and be able to take control of outside influences, and bring in only what we need, and what we want.... To take care of our land that feed us, and take care of us..." And, with an element of strength in her voice, she adds "Without that we can't survive, a lot of us can't survive ... we have to be able to do that."

She quietly sums up. "If we didn't have animals, our land; if we didn't have our water, our food?" She pauses. "You know, what else is there?"

5.7 Listen to all four interpretations of health (physical, metaphysical, sociological, and psychological) as presented in this interview. Health is the balance of all dimensions.

Grace has lived in the Yukon for 8 years now, but likes "to consider all the planet my home." Her world view is global. She worries about animals and children, and finds injustices disquieting. For her, retaining what she calls, a "balanced state of calm" is regarded as paramount to good health. "I like to cover all bases as... there are lots of... avenues that lead to good health ... nutrition, herbology; there's body work, there's mind work... exercise and meditation."

The most important health correlate for Grace is mental and emotional 'peace of mind'. "My state of mind is truly important on a daily basis. Finding time just to be calm and clear." Fundamental to this is "my own personal connection with the divine... personal quiet time and praying and talking ... I do that everyday ... Being thankful for what I have... and just letting go."

Grace feels responsible to "look at what's happening in myself.... I try not to condemn myself, or blame myself, or beat myself up, but just to accept... That's happened. It's not going to be there forever. It's a flow, life is changing, my emotions change, ... and it's going to be better" She pauses, "in the next moment even" and flashes a smile.

On a physical level, she finds dancing a wonderful release from that feeling she describes as " bottled up". Stretching and yoga are incorporated into her daily activity. In the summer she bikes, and in the winter cross-country skis. Mindfulness for nutrition and diet have become an integral part of her life. "I've been a vegetarian for about 15 years now, and I put a lot of consideration into what I eat and how I prepare it."

Most, but not all, of her health knowledge "has been self-taught. I think it's because ... I have been interested for many years in nutrition, health, the body, how it works. And because of being interested, that tends to lead to conversations with other people... of more knowledge."

She strongly believes in "preventative health care" and reverently deems personal health as an entirety. "It's treating all of me... my whole being. I really believe in treating all of me as much as possible ... because we are, as beings, totally connected within our organisms."

This importance of this inner connectivity she sees in her self, is also transferred into connections she fosters with her external world. "I like to take walks in nature to feel good. I really like that communing that I have with nature ... [it] just sort of takes your mind away." A place for her to "'open up', and take away concerns and cares of the day." Her indoor environment also reflects a sense of peace and order. A peaceful context from deliberately nurtured connections.

She also cherishes her friendships. "Friends are important... because that's an aspect in enjoying life and sharing who you are and... learning about who you are too... Listening to people is a very good way to learn; to truly communicate our feelings and our emotions." She strives for honesty and openness as "that helps us emotionally mature and grow."

As she talks, there is an air of disciplined calm about her; a 'centredness' she describes as "coming from within, rather than without." She expands on her ideal concept of health, "It's a state of strength...wherein the body has the energy and the vitality to do the things that you want to do in your life ... full of vibrancy, full of energy, and vitality."

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6 Methodology

6.1 Introduction

The following section provides a summary of the methodology used in the qualitative component of the research. The purpose of this section is to furnish the background and detail of the series of decisions taken during the design, interview, and analysis stages of the qualitative review. The procedures and format of the procedures was left open by design and the emergent methodology was a result of the collective efforts of the research team. Throughout the qualitative stage the focus was on learning and on the development of the skills of the team members and the refinement of qualitative methods suitable for the Yukon.

6.2 Procedures

6.2.1 Interview Procedure

A team of two staff members was used in all interviews. One functioned as an interviewer while the other served as an observer during the interview. The decision to use two staff in each interview was based on the need for continuity within a large research team and the assurance of the presence of a Yukon Bureau of Statistics staff member at all interviews. This latter consideration was essential with the imminent loss of several members of the team after the summer. The two interview staff also provided complementary perspectives on what happened and what was said during the interview. Even though this decision resulted in fewer interviews, those completed were well documented and analyzed as a result of the input of these two people. The emphasis of the research was quality, not necessarily quantity.

The interviewer asked the questions during the interview while the observer took notes and operated the tape recorder. The field notes taken by the observer included general observations of the interview process and specific notes summarizing the participant's responses. The observer was unobtrusive during the interview to ensure that the major exchange was between participant and the interviewer. Although not part of the interview, the observer was brought into the conversation at the end of the formal interview stage. This was done to take advantage of the observer's awareness of potential topics missed by the interviewer in addition to adding an informal resolution to the interview.

At the beginning of the interview the roles of each person were explained and the respondent was asked if he or she felt comfortable being tape-recorded. Part of the introduction was to assure the participant's confidentiality and security of the information provided.

All questions for the interview were pre-tested and were reviewed regularly at the weekly team meetings to determine their ongoing appropriateness. In addition, the responses of the participants were reviewed repeatedly to ensure

that all anticipated areas of health were being covered by the questions presented during the interview. If a problem was identified with a question, changes were introduced immediately. This process was in keeping with the emergent methodology of the research project.

The schedule for the interviews typically permitted one interview to be conducted in the morning and one in the afternoon. The team members alternated between serving as interviewer and observer. This alternating of roles provided variety for the staff while reducing the number of interviews conducted by a single researcher to a maximum of one a day. Most interviews were conducted during the day but exceptions to this rule were frequent to accommodate the schedules of the participant. The length of the interviews ranged from twenty minutes to three hours. The average length of the interviews undertaken was sixty minutes.

If an interview was arranged more than twenty-four hours in advance, the respondent was phoned either the day of, or the previous day to, the interview to confirm the appointment. This reminder reduced the number of interviews that had to be cancelled because the participants had forgotten the appointment. In addition the reminder provided another opportunity to reinforce the purpose and objectives of the interview.

Two packages of materials were used throughout the interviewing. These forms are provided in the appendix which includes all forms that were part of the Interviewer and the Observers Package.

6.2.2 The Interviewer's Package

A pre-meeting check list was included to provide a consistent reminder of the purpose of the interview, summary points of qualitative analysis and open-ended interviews, and types of probes which could be used in the interview process. An interview guide provided the questions and information regarding the actual interview—the date and names of the interviewer and the observer. The interview guide formed the basis of the field notes used by the interviewer during the interview. This interview guide included an introduction that explained the research process as well as including specific references to the conditions of confidentiality for the participant. Four 'grand tour' questions were used in the body of the interview. Within each of these broad questions, probes were provided for supplementary questioning. Interviewers were encouraged to make the process as open-ended as possible within the confines of the aims of the research.

A concluding question incorporated the observer into the interview process. The purpose of this question was to use the observations of the observer throughout the questioning to follow-up on points missed by the interviewer or to pursue an opportunity missed during the interview. The concluding question further

permitted a short debriefing of the respondent to obtain his or her impressions of the interview.

The third component of the interviewer's package was the 'first order analysis'. This preliminary analysis was completed by the interviewer after the field notes were done. The document summarized the interview by outlining the concepts, correlates, and priorities defined by the respondent during the interview. If there was any follow-up of issues mentioned in the interview, they were listed here. Overall impressions of the interview as well as other pertinent comments were detailed on this sheet by the interviewer.

The last component of the interviewer's package was a 'sign off sheet'. The two team members initialed this form after the various parts of the paperwork involved with the interview were completed. This last item was purely administrative and ensured that a complete file for each interview was developed and accessible for analysis.

6.2.3 The Observer's Package

The observer's package contained a pre-interview check list referencing the operation of the tape recorder, interview rapport, observer summary form and interview debriefing. Upon conclusion of the interview, the context of the interview and a description of the participant was recorded on the 'meeting summary form' included in this package. The third form of this package was another 'first order analysis' which was identical to that of the interviewer, except it was to be completed from the perspective of the observer.

The last component of the observer's package was the 'second order analysis'. This was typed into a computer and was a composite of the two 'first order analyses' that had been previously completed by the interviewer and the observer. The interviewer filled out this form only after consulting with the observer. Once completed and placed in the file, the initial paperwork for an interview was complete.

6.2.4 Field Observation

A contextual review was done by the interview staff upon entry to a community. This 'community walk-about' consisted of observations of the physical and social environment of the community. Each 'walk-about' was documented and provided as background of the community during the analysis stages.

6.2.5 Interview Analysis

Following each interview, the interviewer and the observer were responsible for writing field notes including the 'first order analysis'. A 'second order analysis' was written jointly as a combination of the two individual's perceptions and interpretations.

6.2.6 Documentation

Each interview was documented and stored as part of a series of research files. These files were 1) coded using numbers and letters of the alphabet, 2) kept in a central location and 3) locked for security. Each file included tape records, a transcription (for a selected number), two first order analyses, two sets of field notes, a meeting summary form, a second order analysis, and a sign off sheet.

6.3 Sampling Selection

6.3.1 Major dimensions

Purposeful sampling was employed in the selection of the participants. The criteria of selection included the maximization of the variability of responses and the accommodation of the many interests and experiences of Yukoners health.

Firstly, sensitivity was given to ensure that first-nation persons were heard and that the communities outside Whitehorse were also present within the interview schedule. Secondly, gender and age were also recognized to be important criteria for the concept of health. Thirdly, in addition to the demographics of the sample, sectorial consideration was necessary to ensure that the lay, professional, and "folk" sectors of the health care systems were identified. Essential to this consideration was the inclusion of many mainstream and alternative practitioners into the study. Lastly, individuals who represented the customers of all forms of health care were represented in the interview plan.

Many of the identified sample criteria overlapped and consequently many individuals chosen were used to give voice to as many perspectives as was practical. The sample was not meant to be representative nor proportional. It was driven by the theoretical considerations of the research interests, providing the widest opportunity to hear Yukoners concepts of health.

6.3.2 Matrix of participants

Approximately twenty-five percent of the respondents were from the rural communities of the territory and the remainder from Whitehorse. In total 77 interviews were carried out. Of these, 44 were women and 33 were men. 17 were first nations people and 60 were non-aboriginal. A full listing follows:

Male	33	42%
Female	44	56%
Aboriginal	17	22%
Non-Aboriginal	60	77%

Young (15 to 34)	18	23%
Middle Aged (35-64)	42	54%
Elderly (65 and older)	17	22%
Whitehorse	48	62%
Outside Whitehorse	29	37%
Traditional Practitioners	7	9%
Alternative Medicine Practitioners	10	13%
Consumers	59	76%
TOTAL	77	100%

Each interviewee was requested to respond as an individual, and not as a representative of any organized group to which they belonged. Those who requested will be sent a summary of the research results.

6.4 Other Considerations

6.4.1 The Research Team

The researchers were staff members of the Yukon Territorial Government's Bureau of Statistics: the director, the senior statistician, a research officer, a survey administrator and two statistics officers. A community nutritionist and a social researcher were part-time volunteers. Two graduate students, one in sociology and the other in community health, were appointed full-time to the project for the summer months. Dr. Florence Andrews of Carleton University served as a consultant. In total, eleven researchers participated at some time during the project.

6.4.2 Research Settings

All interviews were conducted in the Yukon. Most of the interviews in Whitehorse were held in offices, many in the Yukon Bureau of Statistics. In the rural communities, most interviews were held in respondents' homes, the band office, and other meeting places occasionally used. The objective was to find a meeting place that was conducive to the interview process while being convenient, supportive, and as interruption-free as possible for the participant.

6.4.3 Team Meetings

Research team meetings were held at least once a week but additional meetings occurred as required. Team members reported findings, and the successes and limitations of the interview instruments were discussed. During these meetings the interview process and effectiveness of the interview guide were discussed. The objective was to ensure that all staff members were well informed and that any necessary modifications to the operations could be proposed, discussed, and implemented when necessary. Everyone was encouraged to contribute to these meetings.

6.4.4 Tapes

All interviews were taped with the consent of the respondent. The main reason for taping the interviews was to maximize the accuracy of the information collected. This step also freed the interviewer of the need to make comprehensive interview notes and permitted him or her to engage fully in the interview exchange. Only one respondent requested that upon transcription that the tape was to be destroyed; this was done immediately after transcription.

Each tape was labelled using the coding structure identical to the file folders. Poor quality taping and equipment difficulties produced several interviews that required support from the detailed field notes of the observer and interviewer.

6.4.5 Confidentiality

Given the size and nature of the Yukon, confidentiality is paramount in the treatment of interview materials. Every effort was undertaken to ensure that materials from the interviews were maintained in the strictest of security. Research team members were the only people with access to the research files and tapes. A system of confidential coding was used with a single reference key retained by the senior researcher. The respondent's name was removed from any files and only codes were used within the subsequent analysis stages.

6.4.6 Schedule of Events

The planning phase for the qualitative review began in the first quarter of 1991. The students arrived in early May. The initial interviews were conducted in the first week of June and continued into the early part of August. Data entry and analysis continued until October and final reporting occurred through late December.

6.4.7 Analysis

The analysis of the research materials took many forms. Although consistent with the phenomenological reduction or standard techniques of qualitative research, the analysis was emergent and collective. Three phases of analysis occurred:

- **Preliminary Analysis**

Two orders of analysis occurred throughout the interview process.

The first-order analysis was done independently by the interviewer and the observer. This required an immediate analysis of the interview by addressing the main themes, impressions, and experiences of the interview (bracketing of experiences and meanings of the participant). A summary of the health concepts of the participant was provided along with interpretations of the correlates and priorities that were suggested during the interview. Secondly, any explanations, speculations, or hypotheses that the observer and interviewer understood during the interview were recorded. Issues of follow-up were included as part of the analysis process to link the specific interview with any need for clarification or further detail with the participant. Lastly this analysis level identified the overall impressions of the interviewer and observer regarding potential improvement to the interview process and content. These impressions were important for modification, revision, recording, or analysis as a result of the meeting.

Once completed, the observer and the interviewer filled out the 'second order analysis'. This analysis step addressed the same questions as the 'first order' but was undertaken and agreed upon by both staff in consultation with each other. As a negotiated statement this step permitted open discussion about the preliminary analysis of the concepts, correlates and priorities.

- **Team Analysis**

The team developed what was called a core summary document. This was a computer-based summary of all information gathered by the team members and provided an accessible document for review and analysis. This document was circulated to all members for revision and agreement regarding the accuracy and completeness of the content of this file.

Several large meetings of the entire staff were held to begin developing a collective understanding of what was being said by the participants. On a weekly basis the interviewers and observers reported their interpretations to the team of what concepts were being related and what correlates were emerging as common to many participants. This ongoing group analysis was pursued until the very end of the interview stage.

- **Final Analysis**

All information including transcription, field notes, and any other related materials were consolidated for the seventy-seven interviews. This material was available to the analysts as a paper summary and a computer file. All significant comments made by the participants regarding health were assembled into a number of large computer spreadsheets of correlates, priorities, and

concepts. Themes and patterns of responses were developed by successively identifying references (horizontalization) and eliminating redundancy by aggregating. After repeated grouping, regrouping and coding, strong patterns of analysis formed the basis for the search for a means of interpretation and presentation.

Textual and structural analysis were performed on transcribed interviews while interpretation and patterning of the comments of the respondent created the basis for the final analysis. The model that emerged from the interview material is documented in this report.

6.5 Lessons from the qualitative research

The experience of the qualitative component of the research provided several lessons that are important to document. These lessons are useful for the design and administration of the stakeholder review component that follows this work. Many of these lessons are obvious, but to ensure they are not forgotten the following will briefly describes these points.

6.5.1 Observer

Originally the observer was used to ensure that all technical operations were handled consistently and that another perspective was present during the interview for purposes of analysis. Unfortunately the benefits of having an alternative perspective present at the interview were not being used to their fullest advantage. The observer could not request information or elaborations from the participant. In addition, the observer did not have the ability to communicate with the interviewer to ensure that potential leads were taken up or that research questions omitted were completed. It became apparent that the potential of the observer could be increased by drawing this individual into the questioning at the end of the interview.

The decision to engage the observer at the end of the interview solved many of our concerns. The observer used the benefit of his/her perspective on the interview to ask questions that may have been overlooked or not considered. This step also improved the interview format by permitting the observer to be legitimized or brought back into the interview context.

6.5.2 Taping

Quality tape recorders are essential to the operations of an interview. Originally the decision had been made to use small, unobtrusive micro tape recorders. This decision was based on the assumption that a small tape recorder would be less threatening to the participants. In addition, the micro tape recorders and tapes were suited to the common transcription equipment available within a government organization.

The choice of these tape recorders was quickly recognized as being a liability. The cost of the tapes and tape recorders was excessive while the quality of the recording was very low. High-quality standard tape recorders similar to the recording equipment used by radio reporters should be considered. These machines have sensitive microphones and variable speed adjustments for rapid tape monitoring. The tapes themselves are inexpensive and a single 90-minute tape would be suitable for most interviews of the type performed.

6.5.3 Computer Analysis

Throughout the analysis phase, Apple Macintosh computers were used for analysis. These computers performed all tasks extremely well. Analysis of comments and the 'bracketing' process of analysis was done in EXCEL, a spreadsheet program, and WORD, a word processor which included a flexible outliner option. Transcribed interviews were analyzed in the WORD program and the grouping and regrouping was performed in the outliner option of this program. If larger numbers of interviews were conducted or greater reliance on the transcribed word was important, another analysis tool may be needed. A program such as ETHNOGRAPH would provide the ability to perform multiple coding of statements while permitting queries across many transcription files. This last feature would be important to have with large numbers of interviews.

6.5.4 Large research teams

The qualitative program of research relied on a large field staff. Much time was spent meeting to develop a collective comprehension and acceptance of the decisions and methodologies of research. This process was successful but should be modified. With a large team of researchers, it is essential that all participants be involved very early in the design stage. Significant time can be saved by developing a common understanding of the tools and methods of the research by allowing the team to participate in the discussions about all aspects of the design, operations, and analysis of the research.

The research members were part of a research organization. Unfortunately, none had the luxury to work solely on one project and were required to balance ongoing commitments with the need to be involved in the research topic. By engaging the team in the learning process, all members would benefit from the learning while gaining the understanding of the purposes and procedures of the research.

6.4.5 Level of Detail

The product of qualitative analysis appears more robust than originally anticipated. The themes and patterns of the participants exhibited great commonality and patterns do present themselves in strong ways. This lesson does not suggest a lowering of the rigor of collection or analysis--it merely provides the considera-

tion of more condensed ways of doing things.

6.4.6 Ongoing analysis

The ongoing analysis could be combined into a single summary document immediately. This would eliminate several steps that cost time and effort. Developing the summary document on a computer by both the interviewer and observer would ensure completeness and effect efficiencies of time.

Careful consideration of the analysis format before the data collection would eliminate further time-consuming steps. The transfer into the analysis grouping could be done directly from the summary document.

Appendix - Forms

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Pre-Meeting Check List

INTERVIEWER'S GUIDE

Purpose: In the type of research we are undertaking the interviewer serves as the 'instrument' in the collection and analysis of data. Please remember:

- ✔ The purpose of interviewing is to allow the understanding of the other person's perspective.
- ✔ Responsibility of the interviewer is to provide the framework within which people can respond comfortably, accurately, and honestly to open-ended questions.
- ✔ The quality of the information collected is totally dependent upon your ability as an interviewer.
- ✔ It is the responsibility of the interviewer to ensure that each question is clear and that the participant understands the question.
- ✔ remember "_nterv_ewer" — keep the "I" out of the interview. You are here to listen, not debate, comment, discuss, or share.

Check Point: The following are summary points adapted from Patton (Chapter five):

- ✔ Keep centered on our purpose in the meeting.
- ✔ Ensure that the meeting provides an opportunity for the participant to tell their own story (in their terms).
- ✔ Be prepared for the meeting - know what the purpose and goals of the meeting are.
- ✔ Communicate clearly what information is required, what is important, and let the interviewee know when they are off track (time is valuable).
- ✔ Listen attentively and respond to the participant to let them know you are actively involved in what is said.
- ✔ Exhibit interest in the topic and the individual being interviewed.
- ✔ Maintain neutrality toward the content of responses (do not make judgements on the responses).
- ✔ Be fully observant while interviewing.
- ✔ Important: maintain control of the meeting.
- ✔ Review and reflect immediately on the outcome of the meeting (the content and the process).
- ✔ Enjoy the meeting and exhibit this interest - be enthusiastic.

Questions: In general, any of your questions during the meeting should reflect the following:

- ✔ Ask clear and understandable questions;
- ✔ Questions should be singular, avoiding multiple concepts;
- ✔ If you paraphrase the question, try to avoid WHY questions (they infer causal relationships that interfere with analysis or induction);
- ✔ Questions should be totally neutral to avoid suggesting appropriate responses (do not lead the participant other than in the direction of the meeting);
- ✔ Consider transitional statements between the 'grand tour' questions if there is a break in the logic of the meeting (use a transition or a summary to break a logical block).

Probes: While in the meeting, attempt to be flexible and vary your probes. Consider the following approaches:

- ✔ Detail probes: 'how', 'what', 'when', 'where', and 'who';
- ✔ Elaboration probes *(Please would you elaborate; could you explain what you mean; I would like to ask you to explain this to me again in detail* appear slow if necessary; *any other reason; what do you mean by that; could you tell me more; which would be closer to the way you feel);*
- ✔ Clarification probes *(You used the term [term], what do you mean by this word; I do not understand your meaning, could you clarify this point*);
- ✔ Repetition probes *(repeat the question if the response is not fully developed or as a variant repeat the respondent's reply*);
- ✔ Silence, the expectant pause (*use the time for note-taking thus deflecting attention from the participant, it is not unusual to have silence in a conversation of 10 - 20 seconds*);
- ✔ Neutral Phrases *(use 'I see,' 'Hmmm,' 'Yes?' 'OK,' and 'go on' to encourage the respondent to continue*);
- ✔ Contrast: use the respondent's own terms as a means of contrasting apparently inconsistent statements *(earlier you said [term], you now speak of [term], what do you mean*);
- ✔ Reflective Statements *(feed back the last comment with expectant pause*);
- ✔ Non Verbal Clues *(facial gestures that suggest an anticipation of more information*).

Pre-Meeting Check List

OBSERVER'S GUIDE

Tape Operations: The tape operation is essential to the success of the data collection process. Please:

- Be responsible for the operation of the tape recording. Ensure extra batteries, tape recorder, and tapes are available.
- Ensure that tape is operative and recording before and throughout the interview. The tape recorder does not start recording the interview until after the interviewer has given the introduction and has received approval from the respondent to tape the interview. When the interviewer tells the respondent 'Thank You, the interview is over', the tape recorder is turned off, even if the interviewer and the respondent continue talking for a few minutes.
- In the event of total tape failure be prepared to take notes during interview.
- Introduce the tape with description (time, meeting number, participants and place); sign off the tape with announcement of completion. Ensure the tape is fast forwarded to the end of that side so the tape is ready for use the next time.
- Ensure that both sides of the tape are labelled with appropriate code and given directly to the lead researcher.

Interview Rapport: As an observer it is essential that you remember that:

- Your role is to remain neutral throughout the interview. Specifically avoid being involved in the interview process. It is also important to be removed from the attention of the interviewee.
- You are to ensure that the whole attention of the participant is centered on the interviewer. Avoid eye contact or non-essential movements that would attract the attention of the participant.
- Save your questions and comments to the end — that is your opportunity to clarify.

Observer Form: The **observer summary form** is the first step in the analysis process. Please:

- While in the interview complete the **observer summary form** (general comments, summary information, major issues, and any implications for data analysis).
- Return **observer summary form** to lead researcher upon completion.

Interview Debriefing: The observer acts as the interviewer coordinator. Please:

- Coordinate the debriefing of the interview. Ensure that all individuals required to participate do so and that the debriefing occurs immediately after interview.
- Submit the **interview debriefing form** and assembled information regarding the interview to lead researcher immediately after interview.

MEETING QUESTIONS (abridged for space)

Respondent name: _____
Interview Date: _____
Interviewer: _____
Observer: _____

Introduction:

I would like to start by thanking you for agreeing to talk to me today. Our purpose is to gain an understanding of your views about your health and personal well-being. (for professionals only - Your personal views, not necessarily those of your organization.)

This discussion is one of a select few being carried out all over the Yukon as part of a larger research program leading to a Health Promotion Survey which will be conducted in the Yukon next year. The interview will probably last just over an hour. This is an opportunity to be heard and share your insights and experiences. We are interested in hearing your opinions so there are no right or wrong answers. Please feel free to express yourself openly and be assured that all information provided will be kept anonymous and confidential. With your consent we would like to tape your comments to ensure that they are accurately recorded. If we have further questions, may we contact you in future to confirm our understanding of your ideas? [Observer] is here only to operate the tape recorder and to observe. S/he will not be participating in any other way in our discussion.

Do you have any questions before we begin?

Icebreakers:

How are you?
Beautiful day today?
How was your day today?
I noticed that [relevant item] was really nice here in your community.
Describe your community to me.
What do you like about living here?
Are there any drawbacks to living here?

Our Purpose: What is 'health' to the individual Yukoner?

- ***Question #1: What does being well/ well-being mean to you?***

  - Describe yourself at your peak.
  - What's the favourite part of your day/week?
  - What makes you feel happy?
  - How do you know when you're feeling healthy?
  - Do you ever think about religion or spirituality?
  - How do you know when you're not feeling healthy?
  - When was the last time you weren't feeling good/fine?
  - When you are physically ill, do you go to a practitioner or therapist of any type?
  - Who do you usually go to for advice on issues about health?

- ***Question #2: What do you need to be well?***

  - Is there anything you need to do each day to make yourself feel healthy?
  - What's the most important thing in your life?
  - When do you know your life is going the way you want it to?
  - What do you look for in life?
  - What do you hope for?
  - What do you do to feel satisfied/to enjoy yourself/to relax/for entertainment/recreation?
  - What makes you feel bad/upsets you?
  - What makes you worry, what do you worry about?
  - What do you do to calm yourself down?
  - Who do you turn to when you're feeling upset/ down?
  - What affects your health?

- ***Question #3: What do you do to feel good/stay healthy?***

  - How do you know when you're feeling good?
  - How do you cope, when things are not going well?
  - How could you be encouraged to continue your current health supporting activity?
  - How did you come about understanding health as you do now? Who do you go to for your health information?
  - Describe to me the choices you feel you have in regard to your health/ well-being.
  - What's important for you to do to maintain your well-being?

- ***Question #4: Could you describe your health to me?***

  - Do you have a few words that would describe what health means to you?

- ***Question #5: Is there anything about health or well-being that you would like to tell me that I have forgotten to ask?***

  - **Check:** Have you covered physical/spiritual/emotional/mental /social?
  - **Observer:** (insert name here) are there any questions you would like to ask?

THANK YOU

Tape off

- ***Opportunity for respondent debriefing***

Analysis Sheets

FIRST and SECOND ORDER ANALYSIS

(abridged for space)

Respondent Name: _____ *Meeting Code:* _____

Observer: _____ *Interviewer:* _____

To be done independently by the interviewer and the observer.

- ***Question 1:*** _____

MAIN THEMES, IMPRESSIONS, SUMMARY STATEMENTS
about what went on during the meeting.

Concepts: _____

Correlates: _____

Priorities: _____

- ***Question 2:*** _____

EXPLANATIONS, SPECULATIONS, HYPOTHESES
about the content of the meeting.

- ***Question 3:*** _____

FOLLOW UP
necessary as a result of this contact.

elaboration of any points necessary?

- ***Question 4:*** _____

Overall impression of the meeting.

Implications for modification, revision, recording or analysis as a result of this meeting.

- what went right/wrong?
- what questions worked/did not work?
- should this tape be transcribed? Yes/No

- ***Question 5:*** _____

ANY OTHER COMMENTS
that may have been generated as a result of this contact.

MEETING SUMMARY FORM

(abridged for space)

Meeting Code #: _____

To be filled out by the observer.

Question #1:

Context of the Meeting

- ❑ Description of the community (Walk about):
  - ❑ housing: _____
  - ❑ sanitation (public dump, water,...): _____
  - ❑ general environment: _____
  - ❑ community facilities: _____
  - ❑ recreation center: _____
  - ❑ nursing center: _____
  - ❑ church: _____

- ❑ Weather: _____
- ❑ Date: _____
- ❑ Time of day of interview and length: _____
- ❑ Where the interview is held: _____
- ❑ Any other extraneous factors: _____

Question #2:

Participant Description

- ❑ Age: _____
- ❑ Sex: _____
- ❑ Native or non-native: _____
- ❑ Main occupation, if relevant: _____
- ❑ Interaction with the interviewer: _____
- ❑ Why this particular participant was chosen: _____
- ❑ Enthusiasm of the participant - willing to be there, resentful of being interviewed: _____
- ❑ How long has the respondent been a Yukoner: _____
- ❑ Other household members: _____
- ❑ Personal appearance and presentation of respondent: _____
- ❑ Education, if known: _____
- ❑ Other relevant facts: _____

SIGN OFF SHEET

(abridged for space)

Meeting Code # _____

Part A: To be filled in by the Interviewer.

1. Put this page in Observer's basket when field notes and first order analysis is done

   *Interviewer's initials*_____

2. When the observer returns this sheet, put it in the file with the rest of the notes from the meeting.

   *Interviewer's initials*_____

Part B: To be filled in by the Observer.

Read over: a) the field notes,

b) the first order analysis,

c) the second order analysis,

If there are any additions, deletions or changes, please note them below.

_____

_____

If not, put this sheet in the Interviewer's basket when done.

*Observer's initials:*_____

* ***Remember:*** ***The interviewer is responsible for ensuring that all the paperwork, tapes and files related to the interview s/he conducted are completed.***